

CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING AGENDA

January 10, 2022 – 9:00-10:30 a.m.

Zoom link for meeting registration: <https://us06web.zoom.us/meeting/register/tZMkfumvrzkoGNSGVbtk2i4af5VvKIa0475X>

I. Welcome (Jaime Tate-Symons)

- Welcome Sten Walker as Co-chair and Representative of Family and Youth Liaison Council Seat
- Thank you to Suzette Southfox for serving as Council Co-chair and Representative of Family and Youth Liaison

5 minutes

II. Review of Meeting Summary (Jaime Tate-Symons)

- November 8, 2021, Meeting Summary - Handout - **Pages 5-11**
- Action Items from November 8, 2021 - See Meeting Summary for action items - **Page 8**

5 minutes

III. Business Items (Yael Koenig)

15 minutes

Board Letters (BL)/ Board Actions

November 10, 2021 -Special Meeting Board Letter

- **Item 01:** Adopting Changes to the Board of Supervisors Rules of Procedure to Protect Freedom of Speech and Promote Equitable Public Engagement

November 16, 2021 - Board Letters:

- **Item 05:** Authorize Competitive Solicitations, Single Source Procurements, and Amendments to Extend Existing Behavioral Health Services Contracts and attachment - Handouts - **Pages 12-23**
- **Item 06:** An Ordinance Amending Provisions in the San Diego County Administrative Code Relating to the County of San Diego Behavioral Health Advisory Board and Approval of Behavioral Health Advisory Board Bylaws
- **Item 07:** Authorize A-87 Exception to Competitive Procurement For Contracts with Indian Health Council, Inc. an Southern Indian Health Council, Inc. For Services to Native American Communities
- **Item 09:** Resolution Designating Dates and Times for Regular Meetings of the Board of Supervisors in 2022
- **Item 11:** Authorize Continuance of Teleconferenced Public Meetings
- **Item 19:** Develop a United Nations Convention on the Elimination of All Forms of Discrimination Against Women (UN CEDAW) Ordinance and a Gender Equity Strategy for San Diego County
- **Item 20:** Noticed Public Hearing Truth Act Community Forum Regarding Immigration and Customs Enforcement Access to Individuals During 2020

December 7, 2021 - Board Letters:

- **Item 01:** Exploring the Expansion of the San Diego County Behavioral Health Court Probation Program - Handout - **Pages 24-26**
- **Item 02:** Probation – FY 2021-22 Community Corrections Partnership Plan and attachment: Community Corrections Partnership Plan FY 2021/22 - Handouts - **Pages 27-41**
- **Item 10:** Authorization to Accept Community Services Block Grant Funding and Authorization to Apply for Funding Opportunities for Equitable Community Programs and Services and attachment: 2022/2023 Community Needs Assessment and Community Action Plan Cover page - Handouts - **Pages 42-45**
- **Item 14:** 2022 Legislative Program and attachments A, B, and C - Handouts - **Pages 46-58**
- **Item 20:** Receive Report of the San Pasqual Academy and Take Action on San Pasqual Academy Options, Attachment: Re-envisioning San Pasqual Academy, and Minute Order: Action was withdrawn at the request of the Chief Administrative Officer - Handouts - **Pages 59-73**
- **Item 21:** Update on Mobile Crisis Response Teams and PowerPoint presentation - Handouts - **Pages 74-79**
- **Item 22:** Update on Harmful Substance Use in San Diego County and PowerPoint presentation - Handouts - **Pages 80-94**

December 14, 2021 - Board Letter:

- **Item XX:** Authorize Continuance of Teleconferenced Public Meetings and Resolution -Handouts - **Pages 95-97**

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <https://www.sandiegocounty.gov/cob/bosa/index.html>

Information

- **CYF Services Directory** has been updated! Handout – **Pages 98-99**
Link: <https://www.sandiegocounty.gov/hhsa/programs/bhs/>
- **June 2021 Youth Services Survey (YSS) Summary** - Handouts - **Pages 100-101**
Link: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html#5
- **U. S. Surgeon General Issues Advisory on Youth Mental Health Crisis** Further Exposed by COVID-19 Pandemic - December 7, 2021 - Handout- **Page 102**
- **Department of Justice – Drug Enforcement Administration** - Emoji Drug Code Decoded -Handout - **Pages 103-104**
- **Behavioral Health Services Director's Reports** - December 2021 and January 2022 - Handouts - **Pages 105-114**
Link to BHAB Webpage:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html
- **Annual Mental Health External Quality Review (EQR)** - Virtual Review-January 11-13, 2022

- **Birth of Brilliance Virtual Conference and Cultural Fair:** February 24-25, 2022 - Aisha Pope - Handouts – **Pages 115-117**
Link to register: [Birth of Brilliance Conference | San Diego Youth Services \(sdyouthservices.org\)](https://www.sdyouthservices.org/Birth-of-Brilliance-Conference)
- **7th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH)** Hybrid Conference - March 11, 2022 - Dr. Anoop Karipott - Handout - **Page 118**
Register at: <https://cicamh.com/>
- 2022 California Mental Health Advocates for Children and Youth (**CMHACY**) **Scholarships** Opportunity - Rose Woods
Link: <https://forms.gle/rb6MAww1PKH4FjLK9>

Recognitions

- **CYF System of Care Principles Awards (Rose Woods)**
 - Organization Award: UPAC Children's Mental Health Services (Rose Woods)
 - Individual Award: Minola Clark Manson (LaTysa Flowers)

Follow-Up Items from November 8, 2021, CYF Council Meeting

1. Telecare Mobile Crisis Response Teams (MCRT), Exodus MCRT, and Psychiatric Emergency Response Team (PERT) brochures attached - Handouts - **Pages 119 -124**
(MCRT brochures were also emailed on November 9, 2021)
2. Link to Meeting of the Minds presentation / (need to sign in first) that offers more information about crisis response options in San Diego: [Mobile Crisis Response in San Diego County | Meeting of the Minds \(teachable.com\)](https://www.teachable.com/san-diego-county-meeting-of-the-minds)
3. November 21, 2019 CYF Council Input for Continuum of Care Development link was provided in the November 8, 2021 meeting and can be located at:
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/December%202019%20Council%20Packet.pdf>
(pages 43-44)

IV. Mental Health Services Act (MHSA) Update (Danyte Mockus-Valenzuela)

5 minutes

- May is Mental Health Month

V. Hot Topic: Mid Fiscal Year Sub-Committees/Sectors Updates (Yael Koenig)

55 minutes

Handouts are included in part 2 of meeting packet-**Pages 125-150**

Polling Question 1 - Are you an active member of a subcommittee(s), meaning you have attended at least one meeting this Fiscal Year?

Four Sectors	Council Sub-Committees and Other Relevant Groups	
	Executive Pages 125-126 (Co-Chairs and Sub-Committees Co-Chairs)	
Public Sector Pages 127-128 Yael Koenig Dr. Laura Vleugels	Early Childhood Pages 136-137 Ginger Bial & Aisha Pope	Health Plans Pages 144-148 George Scolari
Education Sector Pages 129-131 Heather Nemour	CADRE-CYF Pages 138-139 Marisa Varond & Julie McPherson	TAY Council Page 149 Mark Bartlett & Laura Tancredi-Baese
Private Sector Pages 132-133 Minola Clark Manson	Training Academy Page 140 Rose Woods	Outcomes Page 150 Eileen Quinn-O'Malley & Emily Trask
Family/Youth Sector Pages 134-135 Sten Walker	Cultural Competency Pages 141-143 Rosa Ana Lozada	Fee For Service Dr. Sherry Casper

VI. Announcements (Jaime Tate-Symons)

5 minutes

- Polling Question 2 - Darwin Espejo

Next Executive Sub-Committee Meeting (Zoom):

Date: January 27, 2022

Time: 11:30 a.m. to Noon

Next Council Meeting:

Date: Monday, February 10, 2022

Time: 9:00 to 10:30 a.m.

Sub-Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html

**County of San Diego
Children, Youth and Families Behavioral Health
System of Care Council
Vision, Mission, and Principles**

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

Council Principles:

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

May 1, 2018



LIVEWELLSD.ORG



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

PRINCIPLES

Collaborative, Integrated, Child, Youth & Family Driven, Individualized, Strength-based, Community-based, Outcome & Data Driven, Culturally Competent, Trauma Informed, Persistence

PRIORITIES

Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.

Strengthen partnerships with children/youth's circle of influence to create a supportive environment.

Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.

Live Well San Diego-Areas of Influence



Standard of Living

- Economic & Nutrition Security
- Timely Access to Healthcare Inclusive of Behavioral Health Services
- Employment Readiness



Community

- Access to Parks, Playgrounds and Recreation Centers
- Usable Transportation
- Safe Neighborhoods & Schools
- Affordable Stable Housing
- Access to Extracurricular Activities

HEALTH FACTORS



Health

- Daily Physical Activity
- Limited & Supervised Screen Time
- Affordable Healthy Food
- Zero Sugary Beverages, Drink More Water
- No Substance Use
- No Tobacco Use
- Up to Date Immunizations
- Connection to a Health Home



Social

- Supportive Families
- Nurturing Communities
- Connection to Natural Supports
- Positive Social Interactions



Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs

CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL MEETING SUMMARY

November 8, 2021 | 9:00-10:30 AM
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
I. Welcome (Jaime Tate-Symons)	<ul style="list-style-type: none"> Jaime Tate-Symons welcomed the Council
II. Review of Meeting Summary (Jaime Tate-Symons) <ul style="list-style-type: none"> September 13, 2021, Meeting Summary - Handout - Pages 5-10 Action Items from September 13, 2021 - See Meeting Summary for action items - Page 7 	<ul style="list-style-type: none"> Jaime Tate-Symons reviewed the meeting summary
III. Business Items (Yael Koenig) October 5, 2021 - Board Letters: <ul style="list-style-type: none"> Item 03: Communities should not have to Live in Fear of Sexually Violent Predators Item 07: Funding Afghan Refugee Resettlement Costs from Frozen Afghanistan Government Assets and Developing a Comprehensive County Response Plan Item 08: Receive Update on Creating The Office of Immigrant and Refugee Affairs and Authorization to Pursue Future Funding Opportunities Related to Supporting the Immigrant and Refugee Community Item 11: Receive and Approve the Mental Health Services Act Fiscal Year 2021-22 Annual Update, Mental Health Services Act (MHSA) Fiscal Year 2021-22 Annual Update cover page attachment, and BL presentation - Handouts - Pages 11-19 Link to MHSA Annual Plan: https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80daafd8 Item 14: Allocate \$2.0 Million in American Rescue Plan Act Funds For Investments in Youth Sports and Camps Item 19: Framework for the Future: Creating a County Communications Strategy that it is Inclusive and Equitable October 19, 2021 - Board Letters: <ul style="list-style-type: none"> Item 01: Taking Ghost Guns Off Our Streets and Disrupting the Cycle of Violence Item 02: "Preventing Fentanyl Overdoses" A Multiagency Campaign to Educate Youth - Handout - Pages 20-22 Item 03: A Data Driven Approach to Protecting Public Safety, Improving and Expanding Rehabilitative Treatment and Services and Advancing Equity Through Alternatives to Incarceration Building on Lessons Learned During the COVID-19 Pandemic Item 04: A Resolution to Advance Criminal Justice Reform, Protect Public Safety, Provide Equitable Alternatives to Incarceration for All, and Invest in Root Causes of Behavioral Health Conditions and Poverty Item 11: Probation-Successful Implementation of Juvenile Justice Realignment, Plan document, and presentation - Handouts - Pages 23-40 Item 14: Verifying Compliance & Enhancing Communications During the Sexually Violent Predator Placement Process Item 15: Compassionate Emergency Solutions and Pathways to Housing for People Experiencing Homelessness in East County Item 17: Authorize Competitive Solicitation for Substance Use Residential Services - Handout - Pages 41-42 November 2, 2021 - Board Letters: <ul style="list-style-type: none"> Item 04: Receive Update of on the Department of Homelessness Solutions and Equitable Communities, Adopt the Framework for Ending Homelessness, and Direct Quarterly Reports on the Progress Made on Implementing the Framework for Ending Homelessness Item 06: Authorization to Accept Crisis Care Mobile Grant Units Funds, Substance Abuse Prevention and Treatment Block Grant Funds, Mental Health Block Grant Funds, California Advancing and Innovating Medi-Cal Implementation Grant Funds, Waive Board Policy B-29, and Authorization to Pursue Future Funding Opportunities to Support, Enhance, or Expand Behavioral Health Services - Handout - Pages 43-47 	<ul style="list-style-type: none"> Yael Koenig reviewed Business Items information, and Follow Up items, as well as presented recognition to Debbie Dennison and Christine Frey who represented the Family Sector

- **Item 07:** An Ordinance Amending Provisions in the San Diego County Administrative Code Relating to the County of San Diego Behavioral Health Advisory Board and Approval of Behavioral Health Advisory Board Bylaws and attachments - Handouts - **Pages 48-60**

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings:
<https://www.sandiegocounty.gov/cob/bosa/index.html>

Information

- **Declaration of a National Emergency in Child and Adolescent Mental Health - Handout - Page 61**
 Link: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- **Fentanyl & Counterfeit Pills Facts and Information - Handout - Page 62**
 Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Fentanyl%20and%20Counterfeit%20Pills_OnePage.pdf
- **National Institute on Drug Abuse, National Institutes of Health “Opioids: Facts Parents Need to Know” - Handout - Pages 63-90**
 Link: https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/opioid_factsforparents.pdf
- **Teen Guide to Substance Use Disorder: Help Yourself and Your Friend Stay Sober and Healthy - Handout - Pages 91-92**
 Link: <https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20Substance%20Abuse-pdf.pdf>
- **Principles of Harm Reduction for Young People - American Academy of Pediatrics (AAP) - Handout - Pages 93-103**
 Link: [Principles of Harm Reduction for Young People Who Use Drugs | American Academy of Pediatrics \(aapublications.org\)](https://www.aapublications.org/publications/principles-of-harm-reduction-for-young-people-who-use-drugs)
- **Harm Reduction- One hour Webinar through Responsive Integrated Health Solutions (RIHS) on November 17, 2021 -Handout - Pages 104-105**
 Link: https://theacademy.sdsu.edu/wp-content/uploads/2021/10/Harm-Reduction-Webinar-FlyerOutline_11.17.2021.pdf?mc_cid=163f382d6d&mc_eid=946bdb7a87
- **Little Hoover Commission Report #262-August 2021: COVID-19 and Children’s Mental Health: Addressing the Impact - Handout - Pages 106-109**
 Link: <https://lhc.ca.gov/report/covid-19-and-childrens-mental-health-addressing-impact>
- **Brother Be Well** is a unique platform for boys (13+) and men of color blending awareness, innovation, education, and healing pathways to reduce disparities, disrupt prolonged suffering, and improve health and mental wellness
 Link: <https://brotherbewell.com/>
- **Depression, Anxiety, and Alcohol Use Among LGBTQ+ People During the COVID-19 Pandemic-American Journal of Public Health -Handout -Page 110**
 Link: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306394>

Follow Up Items form September 13, 2021, CYF Council Meeting

1. **Back to School Tip Sheet 2021:** - Handout - **Page 111**
 Link: <https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Back%20to%20School%20Tips.pdf>
2. **Guide to Teen Mental Health and Wellness - Handouts - Pages 112-115**
 Link for English version: <https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/Teen%20Guide%20to%20MH-Flyer-%20082621.pdf>
 Link for Spanish version: <https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/MH%20Teen%20Guide-post-span.pdf>

Behavioral Health Advisory Board (BHAB) update

- Congratulations to Bill Stewart, elected as the 2022 BHAB Chairperson
Link to BHAB Webpage:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab.html
- Behavioral Health Services Director's Report – November 2021 - Handouts - **Pages 116-121**

Recognitions

- Family Sector: Debbie Dennison and Christine Frey

IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)

- Danyte Mockus-Valenzuela highlighted continued collaboration with community engagement efforts to implement the Community Experience Project including stakeholder surveys and development of a Behavioral Health Equity Index

Hot Topic: Mobile Crisis Response Teams (MCRT's) (Yael Koenig)

- Polling Question - Pre
- Introduction & Overview (Handout - **Page 122**) - **Piedad Garcia**, BHS, Deputy Director
- **MCRT** - **Telecare** - **Breawna Lane**, Program Administrator
- **MCRT** - **Exodus Recovery** - **Megan Patrick** -Thompson, Program Director
- Psychiatric Emergency Response Team (**PERT**) – Community Resource Foundation (CFR) – **Christine Davies**, Assistant Director
- **Discussion** – serving youth and partnering with schools/universities
- Polling Question - Post

- Piedad Garcia provided an overview of the mobile crisis responses available in San Diego
- Breawna Lane outlined the MCRT services through Telecare
- Megan Patrick outlined the MCRT services through Exodus Recovery
- Christine Davis outlined the PERT services through Community Research Foundation
- Program Brochures will be provided as a follow up - to be included in January 2022 meeting packet
- A discussion followed, with emphasis on how to support students on school and university campuses; with a recommendation to share the November 21, 2019 CYF Council Input for Continuum of Care Development which was added to the meeting chat and sent to Piedad Garcia and will also be included in the January 2022 meeting follow up

Polling Question 1

1. I know the difference between MCRT and PERT (Single Choice) *



Polling Question 2

Poll ended | 1 question | 43 of 58 (74%) participated

1. After this presentation, I know the difference between MCRT and PERT (Single Choice) *

43/43 (100%) answered



VI. Announcements (Jaime Tate-Symons)

- **Polling Question** - Darwin Espejo
- 12th Annual Primary Care and Behavioral Health Virtual **Integration Summit** on November 3, 5, and 9, 2021 - Handout - **Page 123**
- **Live Well Advance** Annual Summit on Student Engagement and Attendance on November 17-18, 2021 - Handout - **Page 124**
[Registration Link](#)
- RIHS 2021 **Advancing Principles Awards**- Submission deadline is November 24, 2021 - Handout - **Page 125**
Link: https://docs.google.com/forms/d/e/1FAIpQLScIm88WqOKV9no5yZwpl9tiXucbQGp1v_aKFZk3xVPQZDWb1kg/viewform?mc_cid=5c93ee9c06&mc_eid=77334b9b07
- Save the Date: Live Well Youth Sector: Amplifying Voices Series: We need YOUTH to share their unique perspectives with mental & behavioral health - **December 1, 2021, from 5:00 to 6:30 PM** - Help get the word out for youth to participate - Handout - **Page 126**
- Save the Date for the **Birth of Brilliance** Virtual Conference: February 24, 2022 - Handout - **Page 127**
Link: [Birth of Brilliance Conference | San Diego Youth Services \(sdyouthservices.org\)](#)
- **Council is dark in December** - Happy Holidays - See you in January 2022

- Jaime Tate-Symons reviewed the announcement and reminded participants that the Council will be Dark in December 2021 and resume on January 10, 2022

VII. Action Items

1. Share the November 21, 2019 CYF Council Input for Continuum of Care Development
 - Link to CYF Council December 9, 2019 meeting packet which includes the document, was inserted in the meeting chat, and forwarded to Piedad Garcia link: <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/December%202019%20Council%20Packet.pdf>
 - 11/21/2019 CYF Council Input for Continuum of Care Development document included in January 10, 2022 meeting packet as a follow up item
2. Provide Telecare MCRT, Exodus MCRT, and PERT brochures

Action Due/Status

- November 21, 2019 CYF Council Input for Continuum of Care Development - Completed
 - Link provided on November 8, 2021 Council Meeting
 - Document included in January 10, 2022 Council Meeting
- Brochures
 - MCRT (Telecare and Exodus) emailed to Council members on November 9, 2021
 - MCRT and PERT Brochures included in January 10, 2022 Council Meeting
- Link from Meeting of the Minds presentation (need to sign in first) describes the various San Diego responses:
[Mobile Crisis Response in San Diego County | Meeting of the Minds \(teachable.com\)](#)

VIII. Polling Question 3

Final polling question was projected 10:35am (meeting ended at 10:30)

Poll ended | 1 question | 20 of 50 (40%) participated

1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting?

(Single Choice) *

20/20 (100%) answered



Next Meeting: Virtual Council's Meeting

Date: Monday, January 10, 2022

Time: 9:00-10:30 AM

+=Member in Attendance O=Absent E=Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Rebecca Hernandez	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Lisa Sawin	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	+	Norma Rincon	O
5	HHSA Regions	VACANT		Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Judge Ana Espana	O	Beth Brown	O
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	O
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Russell Coronado	O	VACANT	
10	Regular Education Pupil Personnel Services	Violeta Mora	O	Margaret Sedor	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Misty Bonta	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	O	Therese Davis	O
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	Claudette Allen Butler	+
16	Mental Health Contractors Association	Julie McPherson	+	Minola Clark Manson	E
17	Mental Health Contractors Association (MHCA)	Laura Beadles	+	Golby Rahimi	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	+
19	Managed Care Health Plan	George Scolari	O	Kathleen Lang	O
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	
FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Suzette Southfox	E	VACANT	
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Karilyn "Kari" Perry	+
23	Youth served by the Public Health System (up to age 26)	Christine Frey	+	Emma Eldredge	+
24	Youth served by the public health system (up to age 26)	Micaela Cunningham	+	VACANT	
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Suzette Southfox / Jaime Tate Symons	E/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		

-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Early Childhood Sub-Committee	Aisha Pope/Ginger Bial	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	O/O		
-	Family and Youth as Partners Sub-Committee	Suzette Southfox	E		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	O/O		
-	Training Sub-Committee	Rose Woods	+		

Zoom Listed Meeting Attendees: 69

Aisha Pope	Christine Frey	Jamie Pellegrino	Rebecca Ramirez
Alec Rodney	Claudette Allen Butler	Jazmin Wali	Rebecca Raymond
Alicia Castro	Daniel Garcia	Jean McDonald	Roberto Suarez
Alisha Eftekhari	Danyte Mockus-Valenzuela	Jerelyn Bourdage	Rosa Ana Lozada
Amanda Kaufman	Darwin Espejo (Host)	Julie McPherson	Rose Woods
Amanda Lance-Sexton	David Taylor	Kari Perry	Rosemary Eshelman
Dr. Pradeep Gidwani	Debbie Dennison	Katherine Demmler	Shannon Jackson
Angela Rowe	Denise Alvarez	Laura Beadles	Steven Wells
Angela Solom	Dina Ali	Laura Vleugels	Tom Coleman
Barbara Ryan	Don Stump	Marcelo Podesta	Wendy Maramba
Bill Stewart	Dr. Margaret A Sedor	Marisa Varond	Yael Koenig
Bobbi Smylie	Edgar Sierra	Meg Olinger	Yuka Sakamoto
Breawna Lane	Edith Mohler	Megan Patrick-Thompson	UNKNOWN TELEPHONIC PARTICIPANT 1
Carmen Pat	Emma Eldredge	Micaela Cunningham	UNKNOWN TELEPHONIC PARTICIPANT 2
Celeste Hunter	Fran Cooper	Molina- Elizabeth Whitteker	UNKNOWN TELEPHONIC PARTICIPANT 3
Charmi Patel Rao	Ginger Bial	Ozcar Ascencio	
Cheryl Rode	Grisel Ortega-Vaca	Pamela Hansen	
Christine Davies	Jaime Tate-Symons	Piedad Garcia	

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, most of the sub-committees' meetings are occurring virtually

Please reach out to the sector lead or Executive Subcommittee member to obtain location/link

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month from 2:30 to 5:00 PM

Outcomes: Meets the first Tuesday of every other month from 11:30 AM to 12:30 PM

Early Childhood: Meets the second Monday of the month- from 11:00 AM to Noon.

Education Advisory Ad Hoc: Meets as Needed

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 PM

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 PM

CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9:00 to 10:00 AM

CCRT: Meets the first Friday of the month from 10:00 to 11:30 AM

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3:00 PM

Private Sector: Ad Hoc/Meets as needed.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 16, 2021

05

TO: Board of Supervisors

SUBJECT

**AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE
PROCUREMENTS, AND AMENDMENTS TO EXTEND EXISTING BEHAVIORAL
HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)**

OVERVIEW

The County of San Diego (County) Health and Human Services Agency Behavioral Health Services department provides a comprehensive array of community-based mental health and substance use disorder services through contracts with local public and private agencies to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

Approval of today's recommended actions authorizes competitive solicitations, single source procurements, and amendments to extend existing contracts, to support critical behavioral health services.

Today's action supports the San Diego County Board of Supervisors' Framework for Our Future, by upholding practices that align with community priorities and improve transparency and trust while maintaining good fiscal management of County resources. In addition, today's action supports the County's *Live Well San Diego* vision by ensuring access to services, promoting health and well-being in children, adults, and families, and encouraging self-sufficiency, which together promote a region which is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for behavioral health services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
 - a. Adult Drug Court Services
 - b. Bio-Psychosocial Rehabilitation Services

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- i. Bio-Psychosocial Rehabilitation Services for Central and South Regions
- ii. Bio-Psychosocial Rehabilitation Services for Individuals Supervised by Probation
- c. Crisis Residential Treatment Services
- d. Integrated Mental Health and Substance Use Disorder Services
 - i. Assertive Community Treatment Services, Substance Use Services and Supportive Housing for Individuals Experiencing Homelessness
 - ii. Co-occurring Mental Health and Substance Use Disorder Services
- e. Opioid Treatment Program
- f. Psychotropic Medication Clinic
- g. Re-entry Court Services
- h. Specialized Cognitive Residential Substance Use Program
- i. Strength-Based Case Management Services
- j. 24-Hour Transitional Residential Mental Health Treatment Services

2. In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with Sharp Mesa Vista Hospital and University of California, San Diego for Outpatient and Inpatient Electro-Convulsive Therapy, and subject to successful negotiations and determination of a fair and reasonable price, enter into single source contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

3. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed below to extend the contract term and expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

- a. Extend the contract term up to June 30, 2023, and up to an additional six months, if needed.

- Community Research Foundation (Contract #556368)
- Telecare Corp (Contract #551670)
- New Alternatives, Inc. (Contract #555955)
- Community Research Foundation (Contract #547132)
- Food Management Associates (Contract #556128)
- Mental Health Systems, Inc. (Contract #556419)
- Telecare Corp (Contract #554707)
- Mental Health Systems, Inc. (Contract #556420)
- Mental Health Systems, Inc. (Contract #556358)
- Community Research Foundation (Contract #556936)
- San Ysidro Health Center, Inc. (Contract #553070)

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- New Alternatives, Inc. (Contract #555513)
 - McAlister Institute for Treatment and Education (Contract #554896)
 - McAlister Institute for Treatment and Education (Contract #554895)
 - McAlister Institute for Treatment and Education (Contract #554897)
 - Episcopal Community Services (Contract #554898)
 - McAlister Institute for Treatment and Education (Contract #556354)
 - Vistal Hill Foundation (Contract #556355)
- b. Extend the contract term up to June 30, 2024, and up to an additional six months, if needed.
- Mental Health Systems, Inc. (Contract #554929)
 - Neighborhood House Association (Contract #548930)
 - Family Health Centers of San Diego, Inc. (Contract #554899)
 - Union of Pan Asian Communities (Contract #551401)
 - Pathway Community Services, LLC (Contract #552662)
- c. Extend the contract term up to June 30, 2025, and up to an additional six months, if needed.
- McAlister Institute for Treatment and Education (Contract #556177)
- d. Extend the contract term up to June 30, 2027, and up to an additional six months, if needed.
- Rady Children's Hospital of San Diego (Contract #556103)
4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the single source contracts listed below to extend the contract term up to June 30, 2027, and up to an additional six months if needed; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
- Sharp Healthcare (Contract #555088)
 - Sharp Healthcare (Contract #555089)
 - KF Community Care (Contract #536297)
 - Alpine Special Treatment Center (Contract #43206)
 - Regents of the University of California, UCSD (Contract #520867)
 - Changing Options, Inc. (Contract #532799)
 - Regents of the University of California, UCSD (Contract #555817)

EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness, and the service delivery system for Medi-Cal eligible residents with

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substance use disorder care needs. As a steward of public health for the region, BHS must ensure that the services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the needs of a diverse population, and with the intent to equitably distribute services to those most in need.

BHS utilizes a population health approach, along with evidence-based practices, robust data analysis, and stakeholder input from consumers, community-based providers, healthcare organizations and others to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients. BHS is currently working to implement an enhanced programmatic review process which will prioritize critical data elements including health equity impact, identification of need, and evidence-based practices to further improve the equitable distribution of behavioral health services.

If approved, today's action will award and extend contracts for services that improve access to treatment and care for some of the region's most vulnerable and under-served populations including individuals experiencing homelessness, individuals with justice involvement, as well as children and youth with complex behavioral health conditions.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. If approved, today's recommendations will result in approximate costs and revenue of \$4.6 to \$6.1 million in Fiscal Year 2021-22 and \$157.7 to \$210.3 million in Fiscal Year 2022-23. There will be no change in net General Fund cost and no additional staff years.

Recommendation #1: Authorization to Issue Competitive Solicitations

If approved, this request will result in estimated costs and revenue ranging from \$77.7 to \$103.6 million in Fiscal Year 2022-23. The funding sources are Mental Health Services Act (MHSA), Realignment, Short Doyle Medi-Cal, Drug Medi-Cal, and General Purpose Revenue. There will be no change in net General Fund cost and no additional staff years.

Recommendation #2: Authorization to Issue Single Source Contracts

If approved, this request will result in estimated costs and revenue ranging from \$0.03 to \$0.04 million in Fiscal Year 2021-22 and \$0.2 to \$0.3 million in Fiscal Year 2022-23. The funding source is Realignment. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3 & 4: Authorization to Extend and Amend Contracts

If approved, this request will result in estimated costs and revenue ranging from \$4.6 to \$6.1 million in Fiscal Year 2021-22 and \$79.8 to \$106.4 million in Fiscal Year 2022-23. The funding sources are MHSA, Realignment, Short Doyle Medi-Cal, CalWORKs, Drug Medi-Cal, and General Purpose Revenue. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

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ADVISORY BOARD STATEMENT

At their meeting on November 4, 2021, the Behavioral Health Advisory Board voted to approve these recommendations.

BACKGROUND

The County of San Diego (County), Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) department provides a comprehensive array of community-based behavioral health services through contracts with local public and private agencies to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

Approval of today's recommended actions authorizes competitive solicitations, single source procurements, and amendments to extend existing behavioral health services contracts, to sustain critical behavioral health services.

These recommended actions support the continuation of critical work to advance the ongoing transformation of the Behavioral Health Continuum of Care, as well as supporting a person-centered service delivery model that aligns with the strategic domains of the Framework for Ending Homelessness (Framework), which was approved by the San Diego County Board of Supervisors (Board) on November 2, 2021 (4). The Framework is anchored in five strategic domains: Root Cause and Upstream Prevention, Diversion and Mitigation, Services, Treatment and Outreach, Emergency/Interim Housing and Resources, Permanent Housing and Support. Additionally, each of the five strategic domains is driven by five key commitments: Person-Centered, Data, Regional Collaboration, Sustainability, and Equity. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

Recommendation #1: Authorization to Issue Competitive Solicitations

a. Adult Drug Court Services

On September 23, 2014 (9), the Board authorized the procurement of Adult Drug Court Services to serve adults with non-violent offenses, with long histories of drug use and criminal justice contacts, previous treatment withdrawal against medical advice, and high rates of health and social challenges. Subsequently on January 26, 2021 (11), the Board authorized a contract term extension up to June 30, 2022, and up to an additional six months, if needed for Adult Drug Court Services in the North, South, East, and Central regions. The Adult Drug Court is a collaborative court model, supported by BHS, in cooperation with the Superior Courts, District Attorney, Public Defender, City Attorney, Probation, and Sheriff. The Adult Drug Court Services programs combine the resources and expertise of behavioral health experts and justice communities to address public safety issues and support program participants working toward becoming accountable and productive community members. These programs provide case management and non-residential substance use treatment and testing services as an alternative to incarceration to reduce recidivism. Additionally, these programs provide outpatient treatment, recovery,

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and ancillary services to adults ages 18 years and older, with substance use conditions, and who may also be experiencing co-occurring mental health conditions.

Adult Drug Court Services are based on the national drug court model, which has shown effectiveness in increasing success and decreasing recidivism as participants transition from custody to community. According to the United States Department of Health and Human Services, drug courts help participants recover from addiction and prevent future justice involvement, while also reducing the burden and costs of repeatedly processing individuals with low-level, non-violent offenses through the nation's courts, jails, and prisons. Services are provided in the North, South, East, and Central regions. In Fiscal Year (FY) 2020-21, the Adult Drug Court Services programs served a total of 413 unduplicated clients. Of 203 clients that were discharged and completed treatment in 31 or more days, there were less than 55.8% new arrests, 99.3% of individuals experiencing homelessness at intake were housed, and 89.5% of clients were either employed, in a structured employment preparation program; in a formal educational setting; or enrolled in an eligibility/benefits program providing cash income at the end of treatment phase. The annual cost of these programs typically ranges from \$5.6 - \$7.5 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of four Adult Drug Court Services programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

b. Bio-Psychosocial Rehabilitation Services

On January 7, 2014 (9), the Board authorized the procurement of integrated Bio-Psychosocial Rehabilitation (BPSR) services for adults ages 18 years and older, who have serious mental illness (SMI), including those who may have co-occurring substance use conditions. The BPSR programs provide access to integrated treatment, rehabilitation and supportive services including: a Wellness Recovery Center, senior outreach services composed of Geriatric Outreach Specialists, urgent walk-in services, psychiatric evaluation, medication management, individual and group therapy, and may include integrated Strengths-Based Case Management (SBCM) services. BHS continues to evaluate programs and implement process improvements, including redesign of BPSRs, to enhance outcomes and support client recovery.

i. Bio-Psychosocial Rehabilitation Services for Central and South Regions

BPSR services are provided in historically underserved communities, including the Central and South regions of San Diego County. Services are provided in locations that are accessible to clients, facilitating and supporting independence for persons living with SMI. In FY 2020-21, the three BPSR clinics in the Central and South regions served a total of 2,836 unduplicated clients and provided SBCM services to 424 clients. In FY 2020-21, the Mental Health Outcomes Management System reported that 76.3% of clients showed clinical improvement and 80.7% of client showed functional improvement. The annual cost of the three BPSR programs in the Central and South regions is anticipated to range from \$11.0 - \$14.6 million.

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Today's action requests the Board to authorize competitive solicitations for the procurement of three BPSR programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed. One BPSR program will serve the Central region and two BPSRs will serve the South region.

ii. Bio-Psychosocial Rehabilitation Services for Individuals Supervised by Probation

This program provides integrated BPSR services to individuals who are supervised by the Probation Department under Assembly Bill (AB) 109. Services involve client screenings at Probation offices countywide while the client remains incarcerated to support early client engagement. The program collaborates closely with the high-risk unit at the Community Transition Center to coordinate pre-release, along with Probation Officers to personally engage clients. The program requires weekly participation in multi-disciplinary team meetings to increase engagement for clients who may be at risk of disconnection from services.

This BPSR program connects the justice and behavioral health systems to ensure clients have access to the appropriate level of care. Services are aligned with best-practices that are demonstrated to improve wellness and reduce recidivism for individuals with justice-involvement, including those transitioning from custody to the community. Of those enrolled, 100% of clients are provided with case management and medication management services, if needed and are assessed for co-occurring needs.

In FY 2020-21, the program served 489 unduplicated clients. These programs are shown to improve employment options and enhance psychiatric and social rehabilitation and recovery. In FY 2020-21, 75% of education goals, 88.9% of employment goals, and 63.6% of housing goals were met. Services are provided in the North Coastal, North Inland, North Central, and Central regions. The annual cost of this program typically ranges from \$1.1 - \$1.5 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of BPSR Services for Individuals Supervised by Probation for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

c. Crisis Residential Treatment Services

On August 4, 2015 (4), the Board authorized the procurement of Crisis Residential Services. On October 4, 2016 (1), the Board authorized the procurement of Short-Term Acute Residential Mental Health Treatment 24-hour Facility Programs for clients with SMI who are experiencing a crisis. These programs provide 24-hour, 7-day a week crisis residential services as an alternative to hospitalization or step-down from acute inpatient care within a hospital for adults, ages 18 years and older, with SMI, including co-occurring conditions, who meet eligibility criteria for services and are residents of San Diego County. The program supports a social rehabilitation model, which is designed to enhance an

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individual's social connection with family or community so that they can move back out into the community and prevent an inpatient stay. Services are delivered in the spirit of recovery, tailored to the unique strengths of each individual resident.

The procurement of Crisis Residential Treatment Services will provide continuity of community-based alternatives to acute care for clients experiencing a psychiatric crisis. In FY 2020-21, the program served a total of 2,452 clients across seven locations in San Diego County. Those served by this program represented a step down or diversion from inpatient hospitalization. Services are provided countywide. The annual cost of this program typically ranges from \$13.9 - \$18.5 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Crisis Residential Treatment Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

d. Integrated Mental Health and Substance Use Disorder Services

i. Assertive Community Treatment, Substance Use Services and Housing Program for Individuals Experiencing Homelessness

On August 4, 2015 (4), June 21, 2016 (9) and October 4, 2016 (1), the Board authorized the procurement of Services for Homeless Persons with SMI or Substance Use in the Central and East regions of San Diego County. On June 21, 2016 (6), the Board authorized the implementation of Project One for All to provide intensive wraparound services to individuals experiencing homelessness with mental illness who are eligible for supportive housing. The Assertive Community Treatment (ACT), Substance Use Services and Housing programs for persons who are experiencing homelessness are hybrid programs operating dual treatment tracks: Short-Doyle/Medi-Cal Mental Health Services Act (MHSA) Full-Service Partnership (FSP), ACT and recovery services; and Drug Medi-Cal Organized Delivery System (DMC-ODS) certified substance use treatment and recovery services. These hybrid programs assist clients experiencing homelessness who are diagnosed with a SMI and/or substance use disorder (SUD). Services include medication management, individual therapy, outpatient substance use treatment, case management, medication assisted treatment, employment support, peer counseling and support, and housing services. These services and supports are a critical component of BHS' efforts in assisting persons experiencing homelessness with accessing and maintaining supportive housing, and in meeting the County's supportive service obligations to eligible individuals who will reside in units funded by No Place Like Home and other MHSA capital funding programs.

In FY 2020-21, the Central region program provided services to 62 unduplicated ACT clients and 108 unduplicated SUD clients, of which 89% were housed. The East region program provided services to 114 unduplicated ACT clients and 90 unduplicated SUD clients, of which 94% were housed. The annual cost of these programs typically ranges from \$7.9 - \$10.6 million.

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Today's action requests the Board to authorize a competitive solicitation for the procurement of the ACT, Substance Use Services and Housing Programs for Individuals Experiencing Homelessness in the East and Central regions for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

ii. Co-occurring Mental Health and Substance Use Disorder Services

On October 4, 2016 (1), the Board authorized the procurement of the BPSR Services and Co-occurring Mental Health and Substance Use Disorder Program. This program incorporates a co-occurring disorder component that provides intensive outpatient behavioral health rehabilitation and recovery services to adults ages 18 years and older, who are dually diagnosed with SUD and SMI, exhibiting complex co-occurring disorders and who have been unsuccessful in traditional SUD and/or mental health treatment programs. This program delivers behavioral health care that is client and family-centered, safe, clinically effective, rehabilitation and recovery focused, trauma informed, outcomes-driven, and culturally competent.

The Co-occurring Mental Health and Substance Use Disorder Program provides a critical service to support individuals with SMI including those with a co-occurring substance use condition to provide access to integrated treatment and supportive services. Services are provided countywide. In FY 2020-21, this program served a total of 363 clients. All clients served by this program experienced the same or improved functional status while 83.7% remained the same or improved their clinical status. The annual cost of this program typically ranges from \$3.6 - \$4.8 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Co-occurring Mental Health and Substance Use Disorder Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

c. Opioid Treatment Program

On March 27, 2018 (2), the Board authorized the single source procurements for the Opioid Treatment Programs (OTPs). OTPs provide medication assisted treatment (MAT), recovery, and ancillary services to Medi-Cal beneficiaries, adults ages 18 years and older and youth 17 years and below, who have been diagnosed with an opioid-use disorder. OTPs provide critical services to clients with SUD.

Substance misuse is a major public health and safety problem adversely impacting communities. SUDs are one of many chronic conditions that can inflict systemic damage on an individual and have a harmful impact on families and communities. SUD programs provide numerous evidence-based treatments such as motivational interviewing, cognitive behavioral therapy, relapse prevention, and medications for addictions. OTPs are an

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important component of the SUD system of care due to their delivery of MAT services which include the use of medications, such as methadone, buprenorphine, naloxone, and disulfiram, as well as counseling and behavioral therapies to treat SUD. In FY 2020-21, OTPs have shown effectiveness in increasing success as clients showed functional improvement and stabilization, improvement in residential status, and progress in achieving employment and/or educational goals. In FY 2020-21, ten OTPs provided services to a total of 4,799 clients countywide. The annual cost of these programs typically ranges from \$26.8 - \$35.7 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of OTPs, for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

f. Psychotropic Medication Clinic

On April 25, 2017 (5), the Board authorized the implementation of the County MHSA Innovation (INN) Programs which included INN 22, a Medication Clinic designed to provide psychotropic medication support services to youth who have stabilized clinically yet require on-going medication management for complex medication regimen. The Medication Clinic was designed as a Center of Excellence for Child and Youth Psychiatry (CCYP) including input from leading psychiatrists in the BHS System of Care (SOC). The program serves children and youth who have successfully discharged from their mental health provider yet require ongoing medication support services to manage complex medication regimens that are too complex for their primary care provider. The program completes a comprehensive behavioral health and psychiatry assessments to establish a plan for ongoing medication support services until linkage can be made with a qualified primary care physician to manage the youth's medication regimen. Services include assessments, medication support services, psychoeducational forums, and extensive resources for families to support sustained stability.

The Medication Clinic was initiated as an Innovation program from community input to fill a gap in BHS SOC for much needed medication support services for children and youth who successfully discharged from a mental health SOC treatment provider. Studies have shown that compliancy with prescribed psychotropic medications has a positive impact on sustaining mental health stability and reduces the need for a higher level of care. Services are provided countywide. In FY 2020-21, the program served a total of 471 clients. The annual cost for FY 2022-23 ranges from \$1.0 - \$1.4 million. Thereafter, the annual cost of this program typically ranges from \$2.2 - \$2.9 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Psychotropic Medication Clinic, *The CCYP Program*, for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

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g. Re-entry Court Services

On September 23, 2014 (9), the Board authorized the procurement of the Adult Re-Entry Court Program for non-violent adult male and female offenders. On October 4, 2016 (1) the Board authorized an amendment to reflect changes to services and funding allocations. Subsequently on January 26, 2021 (11), the Board authorized to amend the contract to extend the term up to June 30, 2022 and up to additional six months if needed, expand services subject to the availability of funds, and amend as required in order to reflect changes to services and funding allocations. The Adult Re-Entry Court is a collaborative court model which includes a team consisting of a Judge, Defense Attorney, Public Defender, Probation Officer, Parole Officer, and treatment provider, designed to address public safety issues presented by misdemeanor and non-violent offenders and restore them as accountable and productive community members by helping to stabilize them. Participants are provided an alternative to incarceration, thus reducing recidivism. Services include intensive court supervision, substance use and co-occurring disorders treatment services, random urinalysis drug testing, and support in attaining employment and stable housing.

The Re-Entry Court Program follows best practices for drug courts established by the National Association of Drug Court Professionals. This model includes a treatment program which provides participants with case management, housing, and vocational support in addition to the supervision that court and probation provide. During the program, 100% of participants receive these additional resources. This program increases access and connectivity between the justice system and BHS to ensure clients are receiving the appropriate level of care. This program also delivers best practice services driven by research around criminogenic risk and need which is demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community. Services are provided countywide.

In FY 2020-21, the program served a total of 163 unduplicated clients. Participants that completed all phases of the Re-Entry Court Services program successfully, enter an aftercare portion of the program. Successful participants demonstrate increased independence, improved housing stability, and less contact with the criminal justice system. The annual cost of this program typically ranges from \$0.8 - \$1.0 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Re-Entry Court Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

h. Specialized Cognitive Residential Substance Use Program

Specialized Cognitive Residential Substance Use Program is a structured residential recovery environment with a less intense social environment and specialized clinical interventions for those with cognitive and other impairments who are unable to use a full active environment or therapeutic community. The program provides a range of cognitive, behavioral, and other evidence-based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or

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recreational activities adapted to the client's developmental stage and level of comprehension. Services include providing six substance use Level 3.3 Residential beds and two Level 3.2 Withdrawal Management beds for a total of eight beds equating to a minimum of 2,628 bed days on an annual basis.

This program is based on the clinical guides designed by American Society of Addiction Medicine (ASAM) to improve assessment and outcomes driven treatment and recovery services for clients with a primary SUD. The Specialized Cognitive Residential Substance Use Program is designed to address the substance use treatment needs of clients with a primary SUD and functional limitations that are primarily cognitive in nature and can be either temporary or permanent. In FY 2019-20, there were 72 individuals with a developmental disability within the DMC-ODS who would have benefited from specialized services to address the unique needs of this population. Services are provided countywide. This program shall provide clients with comprehensive, preventive, rehabilitative, and therapeutic behavioral health care delivered in the least restrictive environment and in the most effective mode based on ASAM criteria. Overall goals of this program include client access to timely care, retention in treatment, reduction of substance use relapse, reduction in justice involvement, and improvement in quality of life. The number of clients to be served is 21 admissions annually. The annual cost of this program is anticipated to range from \$0.8 - \$1.0 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Specialized Cognitive Residential Substance Use Program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

i. Strength-Based Case Management Services

On August 4, 2015 (4), the Board authorized the procurement of the Strength-Based Case Management (SBCM) Program designed to provide FSP SBCM services for clients ages 18 to 59 in the North Coastal and North Inland regions. The program includes recovery-oriented strength-based clinical case management services to persons with SMI. Services include strengths-based case management, rehabilitation, psychiatry and mental health services with a rehabilitation and recovery focus.

In FY 2020-21, the program served a total of 236 unduplicated clients. This program has shown effectiveness in increasing success as clients showed functional improvement and stabilization, improvement in residential status, and progress in achieving employment and/or educational objectives. If approved, today's recommendation will result in one SBCM program in the North County (North Coastal and North Inland regions combined) and a new stand-alone SBCM program in the South region. Currently, SBCM is embedded in two outpatient mental health programs. To align with best practices and fidelity to SBCM, a stand-alone SBCM program will be launched to serve clients with SMI, ages 18-59 in the South Region. The annual cost of these programs typically ranges from \$3.5 - \$4.7 million.

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Today's action requests the Board to authorize a competitive solicitation for the procurement of SBCM Services in the North Coastal, North Inland and South regions for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

j. 24-Hour Transitional Residential Mental Health Treatment Services

On October 4, 2016 (1), the Board authorized the procurement of the 24-hour Transitional Residential Mental Health Treatment Program designed to offer services that include medication support, case management/brokerage, crisis intervention, rehabilitation, and other recovery interventions including peer supports in a recovery-oriented environment. Services include 14 beds and the provision of outpatient services for alumni of the residential component. The program, with an average length of stay of 8 to 12 months, provides a full-range of BPSR services to adults with SMI who have Medi-Cal coverage and who are residents of San Diego County. These services support the client's efforts to acquire and apply skills that will assist them with their transition into the community and are an integral component of the long-term care system. In the residential program, clients are provided the opportunity to reduce their mental health symptoms, increase socialization and develop coping skills in a home-like setting. In addition, upon graduation, clients can continue receiving outpatient services and attend social events at the facility. The residential program can serve up to 40 clients annually all of whom represent a step-down or step-up as a diversion from an Institution for Mental Disease (IMD) or inpatient hospitalization. Services are provided countywide.

In FY 2020-21, the residential program served a total of 33 unduplicated clients providing a total of 4,597 services. The outpatient alumni program served 12 unduplicated clients who received 600 services. Of these clients, 81% showed an increase in clinical status and 100% showed an increase in overall functioning. The re-procurement of this contract will allow for continued transitional care as an alternative to an IMD or inpatient hospital setting for individuals who are experiencing a severe psychiatric crisis. The annual cost of this program typically ranges from \$1.7 - \$2.3 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the 24-hour Transitional Residential Mental Health Treatment Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

Recommendation #2: Authorization to Execute Single Source Contracts

Outpatient and Inpatient Electro-Convulsive Therapy

On October 4, 2016 (1), the Board authorized single source procurements of Outpatient Electro-Convulsive Therapy (ECT) services with Sharp Mesa Vista Hospital to cover the non-Medi-Cal reimbursable costs associated with ECT for Medi-Cal beneficiaries and the uninsured at an increased rate per therapy session. ECT is the initiation of seizure activity with an electric impulse while the client is under anesthesia. ECT is considered a specialty mental health service that is used to treat individuals with SMI who have been unresponsive to other forms of treatment.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE PROCUREMENTS, AND AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

Historically, ECT has been administered on an inpatient basis to clients who are receiving specialty behavioral health services. Outpatient ECT may be approved when the client has begun ECT on an inpatient basis and requires continuing treatments, but no longer requires inpatient care, or the client is in outpatient services and requires ECT but does not meet criteria for inpatient admission and the client has sufficient community support for safe outpatient ECT. ECT services are administered in a licensed hospital and include ECT direct care and treatment on an outpatient or inpatient basis when authorized by the County, a designee, or as designated by the Clinical Director of BHS.

This program qualifies for single source procurements to provide these services based on Section D1-3 of Board Policy A-87 Competitive Procurement: The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources. There are limited providers able to offer ECT, which is administered in a licensed behavioral health facility with specialized equipment and by qualified and licensed professional staff, including an anesthesiologist and a psychiatrist. Since November 2003, there has been ongoing efforts to identify hospitals that are willing and able to provide this service for Medi-Cal beneficiaries throughout San Diego County.

In FY 2020-21, there have been 74 outpatient ECT sessions provided at Sharp Mesa Vista Hospital. Currently, contracted inpatient psychiatric hospitals do not receive additional compensation for providing ECT as an additional service. Based on the increased costs of providing ECT, it is recommended that the rate of ECT per session be increased from \$650 to \$700. The annual cost of this program typically ranges from \$0.2 - \$0.3 million.

Today's action requests the Board to authorize single source contracts with Sharp Mesa Vista Hospital and University of California, San Diego for Outpatient and Inpatient ECT for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

Recommendation #3: Authorization to Extend and Amend Contracts

The Board authorized the competitive solicitation for the programs listed in Attachment A, Tables 1-4. The majority of the current contracts listed in Attachment A, Tables 1-4 are set to expire by the end of FY 2021-22 and need to be amended and extended in order to ensure continuity of these critical services.

If approved, today's actions would authorize an amendment and extension of these programs as follows:

- Table 1 – extend the contract term up to June 30, 2023, and up to an additional six months, if needed.
- Table 2 – extend the contract term up to June 30, 2024, and up to an additional six months, if needed.
- Table 3 – extend the contract term up to June 30, 2025, and up to an additional six months, if needed.
- Table 4 – extend the contract term up to June 30, 2027, and up to an additional six months, if needed.

SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE
PROCUREMENTS, AND AMENDMENTS TO EXTEND EXISTING
BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

Additional details of these programs can be found in Attachment A, Tables 1-4.

Recommendation #4: Authorization to Extend and Amend Single Source Contracts

The Board authorized the single source procurement of the programs listed in Attachment A, Table 5. All of the current contracts listed in Attachment A, Table 5 are set to expire by the end of FY 2021-22 and need to be amended and extended in order to ensure continuity of these critical services.

If approved, today's actions would authorize an amendment and extension of these programs up to June 30, 2027, and up to an additional six months, if needed. The Director of the Department of Purchasing and Contracting awarded the contracts listed in Attachment A, Table 5 based on one of the following Board Policy A-87, Competitive Procurement exceptions:

- Section 1.D.3: the procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources.
- Section 2.I, categorical exemption from competitive procurement for medical or surgical equipment or supplies or professional services for use by a County facility.

Additional details of these programs can be found in Attachment A, Table 5.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Building Better Health and Living Safely Initiatives in the County of San Diego's (County) 2021-2026 Strategic Plan as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable populations of individuals with mental illness and substance use disorders continue to have access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Behavioral Health Services List of Contracts



BEHAVIORAL HEALTH SERVICES LIST OF CONTRACTS
November 16, 2021

Table 1

Recommendation #3a: Authorization to Extend and Amend Contact term up to June 30, 2023, and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. California Work Opportunity and Responsibility to Kids Mental Health Services							
California Work Opportunity and Responsibility to Kids (CALWORKS) Behavioral Health Centers provide evidence-based, trauma-informed, voluntary mental health services to CalWORKs Welfare-to-Work (WTW) participants. The purpose of these services is to improve mental health, increase employment readiness, and remove mental health barriers to employment in order to enhance participation and success in WTW activities.	556368	Adults	Community Research Foundation	Step Forward	\$5.1 million	Approved for procurement by the San Diego County Board of Supervisors (Board) on 09/23/14 (9)	6/30/2022
2. Collaborative Services							
Collaborative services provide behavioral health services and treatment supports, in collaboration with cross-sector partners. Services may be diversionary and include collaborative court services for individuals with behavioral health conditions. Services offered include screening, service connection, coordination and collaboration, clinical case management, and ancillary services, as appropriate.	551670	Adults	Telecare Corp.	Behavioral Health Collaborative Court	\$2.9 million	Approved for procurement by the Board on 09/23/14 (9), and contract term extension on 01/26/21 (11)	6/30/2022
3. Crisis Services							
Crisis Action and Connection (CAC) provides outpatient mental health services and intensive case management. Services include stabilizing high-risk youth, up to age 18, who are leaving a psychiatric hospital and/or emergency service unit and in need of follow-up services to divert or prevent admission/readmission to acute care services, or those stepping down and in need of short-term intensive respite services.	555955	Children and Youth	New Alternatives, Inc.	Crisis Action and Connection (CAC)	\$2.2 million	Approved for procurement by the Board on 01/24/17 (2)	6/30/2022
Psychiatric Emergency Response Team (PERT) responds to 911 calls that involve a person with a psychiatric condition that is experiencing a life-threatening situation i.e., exhibits a threat to themselves or others. PERT contributes to the well-being of individuals experiencing a mental health crisis, with the goal of a more humane and effective handling of incidents involving law enforcement officers and individuals with mental illness, developmental disabilities and/or substance use disorders.	547132	All Ages	Community Research Foundation	Psychiatric Emergency Response Team (PERT)	\$12.3 million	Approved for procurement by the Board on 09/25/12 (6) and expansion of services on 04/07/15 (1)	12/31/2021

* Budget amounts rounded to the nearest hundred thousand

A-1

Recommendation #3a: Authorization to Extend and Amend Contact term up to June 30, 2023, and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
4. Food Services							
The Food Services program for the San Diego County Psychiatric Hospital (SDCPH) provides healthy and nutritional meals to patients with mental health conditions being treated in the facility.	556128	Adults and Older Adults	Food Management Associates	Food Services for SDCPH	\$1.2 million	Approved for procurement by the Board on 07/13/21 (11)	6/30/2022
5. Outpatient Mental Health Treatment Services							
Assertive Community Treatment (ACT) programs provide intensive treatment services to individuals who are experiencing serious mental illness (SMI), including individuals who may have a substance use disorder (SUD). Services include medication management, individual therapy, outpatient substance abuse treatment, case management, medication assisted treatment, employment support, peer counseling and support, and housing services.	556419	Adults	Mental Health Systems, Inc.	North Coastal ACT	\$2.5 million	Approved for procurement by the Board on 08/04/15 (4) and 10/04/16 (1)	6/30/2022
	554707		Telecare Corp	Gateway to Recovery	\$5.3 million	Approved for procurement by the Board on 08/04/15 (4), and contract term extension on 01/26/21 (11)	6/30/2022
	556420		Mental Health Systems, Inc.	North Star ACT	\$2.5 million	Approved for procurement by the Board on 08/04/15 (4) and 10/04/16 (1)	6/30/2022
	556358		Mental Health Systems, Inc.	City Star ACT	\$2.4 million	Approved for procurement by the Board on 10/04/16 (1)	6/30/2022
	556936		Community Research Foundation	South ACT	\$2.0 million	Approved for procurement by the Board on 06/21/16 (9)	6/30/2022
Outpatient mental health services provide treatment, rehabilitation, and recovery services to adults ages 18 over who have SMI, including those who may have a co-occurring SUD; as well as outpatient clinical behavioral health services to seriously emotionally disturbed children and youth. Other services include school-based acculturation/welcoming groups to children, youth, and their families, referral services, and linkage supports to the Chaldean and Middle Eastern Community.	553070	Children, Transition Age Youth (TAY), Adults	San Ysidro Health Center Inc.	Chaldean and Middle Eastern Social Services	\$0.6 million	Approved for procurement by the Board on 01/07/14 (9), and contract term extension on 01/26/21 (11)	6/30/2022
The Comprehensive Assessment and Stabilization Services (CASS) program provides short-term individualized therapy and stabilization services that are child and youth-driven and family focused. The therapeutic services offered are trauma-informed, rooted in evidence-based practices and provided by clinicians.	555513	Children and Youth	New Alternatives, Inc.	Comprehensive Assessment and Stabilization Services (CASS)	\$1.3 million	Approved for procurement by the Board on 10/04/16 (1)	6/30/2022

* Budget amounts rounded to the nearest hundred thousand

A-2

Recommendation #3a: Authorization to Extend and Amend Contact term up to June 30, 2023 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
6. Outpatient Substance Use Disorder Treatment Services							
Outpatient SUD treatment programs provide treatment services to all ages. Services include individual and group treatment services, case management, recovery, and ancillary services to individuals with a SUD diagnosis, including those with co-occurring mental health conditions.	554896	TAY, Adults and Older Adults	McAlister Institute for Treatment and Education	East Regional Recovery Center	\$8.4 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2), and contract term extension on 01/26/21 (11)	6/30/2022
	554895		McAlister Institute for Treatment and Education	South Regional Recovery Center	\$6.5 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2), and contract term extension on 01/26/21 (11)	6/30/2022
	554897		McAlister Institute for Treatment and Education	North Coastal Regional Recovery Center	\$6.2 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2), and contract term extension on 01/26/21 (11)	6/30/2022
	554898		Episcopal Community Services	Central Regional Recovery Center	\$3.8 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2), and contract term extension on 01/26/21 (11)	6/30/2022
	556354		McAlister Institute for Treatment and Education	North Inland Regional Recovery Center	\$6.1 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2)	6/30/2022
	556355		Vista Hill Foundation	Bridges North Central Regional Recovery Center	\$2.8 million	Approved for procurement by the Board via on 09/23/14 (9) and 03/27/18 (2)	6/30/2022
Total Estimated Cost					\$74.1 million		

* Budget amounts rounded to the nearest hundred thousand

A-3

Table 2

Recommendation #3b: Authorization to Extend and Amend Contact term up to June 30, 2024 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Behavioral Health Support Services							
Behavioral health support services complement and enhance treatment service and person-centered care plans. Support services include therapeutic, recovery and rehabilitation services and support, with a focus on addressing individualized social and environmental barriers to treatment. Services are intended to facilitate independence, sufficiency, and promote recovery, resiliency, and community tenure.	554929	Transition Age Youth (TAY), Adults and Older Adults	Mental Health Systems Inc.	Serial Inebriate Program (SIP)	\$2.0 million	Approved for procurement by the Board on 06/20/17 (13), and contract term extension on 01/26/21 (11)	6/30/2022
	548930		Neighborhood House Association	Project In-Reach	\$1.3 million	Approved for procurement by the Board on 01/07/14 (9) and 06/21/16 (9), and contract term extension on 01/26/21 (11)	6/30/2022
2. Outpatient Substance Use Disorder Treatment Services							
Outpatient substance use disorder (SUD) treatment programs provide treatment services to all ages. Services include individual and group treatment services, case management, recovery, and ancillary services to individuals with a SUD diagnosis, including those with co-occurring mental health conditions.	554899	Adults, LGBTQ+	Family Health Centers of San Diego Inc.	Solutions for Recovery Center	\$1.8 million	Authorized for procurement under Admin Code 401 which authorizes the Department of Purchasing and Contracting (DPC) to execute competitively procured contracts valued up to \$1.0 million, and contract term extension on 01/26/21 (11)	6/30/2022
	551401	TAY, Adults	Union of Pan Asian Communities	SUD Outpatient Recovery Center	\$1.4 million	Approved for procurement by the Board on 09/23/14 (9) and 03/27/18 (2), and contract term extension on 01/26/21 (11)	6/30/2022
3. Prevention and Early Intervention Services							
Prevention and early intervention (PEI) programs are designed to prevent the onset of mental illness or provide early intervention to decrease severity of symptoms. PEI programs serve all ages and focus on reducing the stigma associated with mental illness, preventing suicide, and addressing the early signs of psychosis.	552662	Children and TAY	Pathways Community Services, LLC	Prevention and Early Intervention of Psychosis (Kickstart)	\$2.2 million	Approved for procurement by the Board on 11/13/18 (11) and 01/07/14 (9), and contract term extension on 01/26/21 (11)	6/30/2022
Total Estimated Cost					\$8.7 million		

* Budget amounts rounded to the nearest hundred thousand

A-4

Table 3

Recommendation #3c: Authorization to Extend and Amend Contact term up to June 30, 2025 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Housing Services							
Safe and Friendly Environment (SAFE) Housing provides transitional sober housing for parents, and their dependent children, who have a Child Welfare Services, court-ordered family reunification plan and who have completed a substance use disorder (SUD) treatment program.	556177	Children and Parents	McAlister Institute for Treatment and Education	Safe and Friendly Environment (SAFE) Housing	\$0.4 million	Authorized for procurement under Admin Code 401 which authorizes DPC to execute competitively procured contracts valued up to \$1.0 million	6/30/2022
Total Estimated Cost					\$0.4 million		

* Budget amounts rounded to the nearest hundred thousand

A-5

Table 4

Recommendation #3d: Authorization to Extend and Amend Contact term up to June 30, 2027 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Inpatient Services for Children and Youth							
Program provides acute psychiatric inpatient services for children and youth, up to age 18. Services include psychiatric, care management, and oversight services, which are medically necessary to reach a differential diagnosis and to treat any mental or developmental disorders of the patients resulting in acute psychiatric emergency.	556103	Children and Adolescents	Rady Children's Hospital of San Diego	Comprehensive Acute Psychiatric Inpatient Services for Children and Adolescents (CAPS)	\$7.1 million	Approved for procurement by the Board on 10/04/16 (1)	6/30/2022
Total Estimated Cost					\$7.1 million		

* Budget amounts rounded to the nearest hundred thousand

A-6

Table 5

Recommendation #4: Authorization to Extend and Amend Single Source Contracts								
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)
1. Inpatient Services								
Acute psychiatric inpatient treatment services are provided to adults within a 24-hour secure, medically staffed facility and use a multidisciplinary approach. These services were awarded as single source contracts due to the unique capabilities to deliver the required acute hospital-based services, with regional coverage considerations.	555088	Adults and Older Adults	Sharp HealthCare	Medi-Cal Managed Care Psychiatric Inpatient Hospital	Hospital Bed Rate	Approved for procurement by the Board through request for Single Source Authority 12/12/06 (7), and contract term extension on 01/26/21 (11)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
	555089	Children, Adolescents, Adults and Older Adults	Sharp HealthCare	Medi-Cal Managed Care Psychiatric Inpatient Hospital	Hospital Bed Rate	Approved for procurement by the Board through request for Single Source Authority 12/12/06 (7), and contract term extension on 01/26/21 (11)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
2. Long-Term Care Services								
Long-term care (LTC) programs provide behavioral health services for mentally disabled adults, who have SMI and in need of Skilled Nursing Facility with Special Treatment Program services. These services were awarded as single source contracts to ensure appropriate level-of-care facilities are available to meet the service requirements and specialty residential needs of those experiencing SMI. These LTC providers have all required licenses and certifications and are in good standing with the County of San Diego (County) and State.	536297	Adults and Older Adults	KF Community Care	Community Care Center	\$1.9 million	Approved for procurement by the Board through request for Single Source Authority 02/14/17 (6)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
	43206		Alpine Special Treatment Center	Alpine Special Treatment Center	\$10.9 million	Approved for procurement by the Board through request for Single Source Authority 02/14/17 (6)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
3. Medical Services								
This program provides emergency medical services to the County's indigent population including the patient population of the San Diego County Psychiatric Hospital (SDCPH). These medical services are categorically exempt from the A-87 requirement for Competitive Procurement.	520867	Adults and Older Adults	Regents of the University of California, UCSD	SDCPH Medical Services	\$0.1 million	Authorized under A-87 which grants the CAO authority to approve single source procurements up to \$100,000.	6/30/2022	Categorical Exemption for Medical or Surgical Equipment, Supplies or Professional Services (A-87, Section 2.1)

* Budget amounts rounded to the nearest hundred thousand

A-7

Recommendation #4: Authorization to Extend and Amend Single Source Contracts								
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)
4. Residential Services								
<p>The Residential Treatment Program provides services to mentally disabled adults in a recovery-orientated open residential learning environment with on-site services that include, but are not limited to, psycho-educational and symptom/wellness groups, employment and education screening/readiness, skill development, peer support, and mentoring.</p> <p>This service was awarded as a single source contract due to the providers' unique capability to provide specialized residential treatment services to those experiencing SMI. This provider has all required licenses and certifications and is in good standing with the County and State.</p>	532799	Adults	Changing Options, Inc.	Changing Options	\$1.1 million	Approved for procurement by the Board through request for Single Source Authority 02/14/17 (6)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
5. Workforce Education and Training								
<p>The Community Psychiatry Residency Program provides training to psychiatry residents that are interested in working in public behavioral health. Additionally, the program provides training to Public Mental Health Nurse Practitioners from local San Diego universities to gain experience working alongside with the resident psychiatrist.</p> <p>This service was awarded as a single source contract due to the providers' unique qualifications and capability to provide training to psychiatry residents and Public Health Nurse Practitioners.</p>	555817	Psychiatry Residents	Regents of the University of California, UCSD	UCSD Community Psychiatry Program	\$2.1 million	Approved for procurement by the Board through request for Single Source Authority 09/13/16 (8)	6/30/2022	The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources for a specific region in the County (A-87, section 1.D.3)
Total Estimated Cost					\$16.1 million	*Excludes inpatient services which varies based on actual bed utilization		

* Budget amounts rounded to the nearest hundred thousand

A-8



COUNTY OF SAN DIEGO

BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

AGENDA ITEM

COUNTY OF SAN DIEGO
2821 NOV 29 AM 10:54
CLERK OF THE BOARD
OF SUPERVISORS

DATE: December 7, 2021

01

TO: Board of Supervisors

SUBJECT

EXPLORING THE EXPANSION OF THE SAN DIEGO COUNTY BEHAVIORAL HEALTH COURT PROBATION PROGRAM (DISTRICTS: ALL)

OVERVIEW

The San Diego County Board of Supervisors unanimously supports keeping those with behavioral health issues out of detention facilities when safe to do so. Many individuals with justice-system involvement also suffer from behavioral health conditions and need compassionate assistance to manage their mental illness. Without this support, these individuals will continue to cycle through the criminal justice system and local jails. Behavioral Health Court Probation offers wraparound mental health treatment in the community that includes housing, employment assistance, and education. Behavioral Health Court Probation is an excellent program that provides a second chance to many who otherwise would not receive the services they need.

San Diego Superior Court partners with multiple County of San Diego departments, including Behavioral Health Services, District Attorney, Probation, Public Defender, and Sheriff, as well as the San Diego City Attorney, to provide a world-class Behavioral Health Court (BHC). Two different programs currently exist under the umbrella of BHC: BHC Probation and BHC Diversion.

BHC Probation has existed since 2009. Due to the overwhelming success of this program and the level of need in our justice system, demand for BHC Probation exceeds current capacity limits. As such, BHC Probation needs additional funding to increase capacity. BHC Diversion was created in 2020: it does not need additional capacity at this time.

BHC Probation is a community-supervised rehabilitation program for misdemeanor and felony offenders who are living with serious mental illness (SMI) and willing to engage in intensive treatment as an alternative to incarceration. BHC Probation is a self-paced program that consists of four competency-based phases that lasts a minimum of 18 months. Requirements include

SUBJECT: EXPLORING THE EXPANSION OF THE SAN DIEGO COUNTY BEHAVIORAL HEALTH COURT PROBATION PROGRAM (DISTRICTS: ALL)

regular status hearings before a dedicated judge, adherence to an individual treatment plan, and compliance with the terms and conditions of supervised probation.

Mental health services are provided by a culturally responsive Assertive Community Treatment (ACT) team comprised of a nurse practitioner, licensed therapist, case managers, peer recovery specialists, housing specialists, and other professionals who take a team-based approach to serving all members. Staff ratios are 1:8 allowing for frequent, high-intensity services and 24/7 availability to serve the needs of BHC Probation clients. These services are informed by criminogenic need and include evidence based individual and group therapy, medication support, crisis intervention, validated assessments, individualized case planning, and robust links to community-based organizations.

BHC Probation provides housing for all its members. Housing is a critical component for successful outcomes providing stability to BHC members, so they can fully focus on healing and stabilization. The cost for housing depends on individual income levels. Members with no income will receive free housing and members with income must use a portion of their income to help pay for housing. As members get close to graduating the program, housing specialists work to secure permanent housing for the member after graduation.

Two dedicated Probation Officers proactively supervise members of BHC Probation. These officers have received special training on how to successfully and compassionately supervise probationers in the community living with a serious mental illness. Officers monitor BHC Probation members to ensure community safety and compliance with the Court's orders. This includes making sure that members are following their mental health treatment plan, taking their medication, remaining sober, and staying away from the victims of their crimes.

There are many legal benefits for BHC Probation clients who successfully graduate from the program. These benefits may include having their charges reduced from a felony to a misdemeanor and/or dismissal of the charges per Penal Code 1203.4.

For individuals entering BHC Probation, 100% were assessed for mental health, substance use disorder, and physical health needs; and they were connected to services, when appropriate. Also, 100% of new BHC Probation members experiencing homelessness were housed upon release from custody. In Fiscal Year 2020-21, the program showed strong outcomes, including 75% of clients showing stable or improved functional status and 68% of demonstrating stable or improved clinical status. Additionally, 63% of clients demonstrated progress toward education goals, while 68% demonstrated progress toward employment goals. Finally, 82% showed progress toward housing goals.

BHC Probation started in 2009 with a maximum capacity of 30 clients. In 2016, that capacity maximum was increased to 60 clients. The program has been at-or-near capacity prior to the COVID-19 global pandemic and is, today, at capacity again. Today, you are being asked to direct the CAO to explore the feasibility of expanding the San Diego County Behavioral Court and report back in 120 days with a recommendation and fiscal impact.

SUBJECT: EXPLORING THE EXPANSION OF THE SAN DIEGO COUNTY BEHAVIORAL HEALTH COURT PROBATION PROGRAM (DISTRICTS: ALL)

RECOMMENDATION(S)

SUPERVISOR DESMOND AND DISTRICT ATTORNEY SUMMER STEPHAN

Direct the CAO to explore the feasibility of expanding the San Diego County Behavioral Health Court Probation and report back in 120 days with a recommendation and fiscal impact.

EQUITY IMPACT STATEMENT

Behavioral Health Court Probation operates with equity as a guiding principle to reduce disparities across the health and justice systems, with the goal of providing equitable access to quality mental health services including prevention, intervention, treatment, and rehabilitation services to unserved and underserved communities. Individuals served by Behavioral Health Court Probation might otherwise not have access to mental health services, housing, and employment assistance.

FISCAL IMPACT

No current fiscal impact with today's action.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

San Diego Superior Court partners with multiple County of San Diego departments including Behavioral Health Services, District Attorney, Probation, Public Defender, and Sheriff, as well as the San Diego City Attorney, to provide a world class Behavioral Health Court (BHC). Two different programs currently exist under the umbrella of BHC: BHC Probation and BHC Diversion.

BHC Probation has existed since 2009. Due to the overwhelming success of this program and the level of need in our justice system, demand for BHC Probation exceeds current capacity limits. As such, BHC Probation needs additional funding to increase capacity. BHC Diversion was created in 2020: it does not need additional capacity at this time.

BHC Probation is a community-supervised rehabilitation program for misdemeanor and felony offenders who are living with serious mental illness (SMI) and willing to engage in intensive treatment as an alternative to incarceration. BHC Probation is a self-paced program that consists of four competency-based phases that lasts a minimum of 18 months. Requirements include regular status hearings before a dedicated judge, adherence to an individual treatment plan and compliance with the terms and conditions of supervised probation.

Mental health services are provided by a culturally responsive Assertive Community Treatment (ACT) team comprised of a nurse practitioner, licensed therapist, case managers, peer recovery

SUBJECT: EXPLORING THE EXPANSION OF THE SAN DIEGO COUNTY BEHAVIORAL HEALTH COURT PROBATION PROGRAM (DISTRICTS: ALL)

specialists, housing specialists and other professionals who take a team-based approach to serving all members. Staff ratios are 1:8 allowing for frequent, high-intensity services and 24/7 availability to serve the needs of BHC Probation clients. These services are informed by criminogenic need and include evidence based individual and group therapy, medication support, crisis intervention, validated assessments, individualized case planning and robust links to community-based organizations.

BHC Probation provides housing for all its members. Housing is a critical component for successful outcomes. Stable housing allows BHC Members to fully focus on healing and stabilization. The cost for housing depends on individual income levels. Members with no income will receive free housing. Members with income must use a portion of their income to help pay for housing. As members get close to graduating the program, housing specialists work side by side with the member to secure permanent housing for them.

Two dedicated Probation Officers proactively supervise members of BHC Probation. These officers have received special training on how to successfully and compassionately supervise probationers in the community living with a serious mental illness. Officers monitor BHC Probation members to ensure community safety and compliance with the Court's orders. This includes making sure that members are following their mental health treatment plan, taking their medication, remaining sober and staying away from the victims of their crimes.

There are many legal benefits for BHC Probation clients who successfully graduate from the program. These benefits may include having their charges reduced from a felony to a misdemeanor and/or dismissal of the charges per Penal Code 1203.4.

For individuals entering BHC Probation, 100% were assessed for mental health, substance use disorder, and physical health needs; and they were connected to services, when appropriate. Also, 100% of new BHC Probation members experiencing homelessness were housed upon release from custody. In Fiscal Year 2020-21, the program showed strong outcomes, including 75% of clients showing stable or improved functional status and 68% of demonstrating stable or improved clinical status. Additionally, 63% of clients demonstrated progress toward education goals, while 68% demonstrated progress toward employment goals. Finally, 82% showed progress toward housing goals.

In 2020, a second BHC program was created: BHC Diversion. BHC Diversion was created to help support requests for mental health diversion under Penal Code 1001.36. BHC Diversion program is separate-and-apart from BHC Probation. Members of BHC Probation generally have a longer criminal history and higher criminogenic risk factors than members of BHC Diversion. The two programs have different funding sources and eligibility requirements to become a member. BHC Diversion is funded in large part by the Department of State Hospitals, and they have strict rules about what types of mentally ill defendants can qualify for their funding. Although eligibility requirements for the two program differs greatly, once a person is accepted into either program, they receive the same high quality mental health treatment, housing, supervision, and support.

SUBJECT: EXPLORING THE EXPANSION OF THE SAN DIEGO COUNTY
BEHAVIORAL HEALTH COURT PROBATION PROGRAM (DISTRICTS:
ALL)

BHC Probation is designed to serve individuals diagnosed with a serious mental illness (SMI), who also:

- Have high criminogenic needs and previous criminal convictions;
- Enter the criminal justice system and transition into jails, and then prisons, due to a lack of supervision, support, and treatment;
- Have been arrested, released, and re-arrested without being assessed or treated for their mental illness;
- Can safely be released from jail into community-based treatment; and,
- Have failed at lower levels of mental health care.

BHC Probation referrals are typically generated during the plea-bargaining phase of case adjudication and incorporated into the change of plea. BHC Probation eligibility criteria include:

- SMI diagnosis, which is defined in Title 9, as Medical Necessity Criteria for Mental Health Plan Reimbursement, and includes Schizophrenia, Mood Disorders, Anxiety Disorders, and Personality Disorders (except Antisocial Personality Disorders).
- Mentally Competent;
- Guilty Plea (felony or misdemeanor);
- Probation Eligible; and
- The following individuals are specificity excluded from BHC Probation: Penal Code 290 (Sex Offender) Registrants, Arson Registrants, and individuals who used a firearm during the crime.

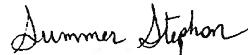
LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Living Safely Strategic Initiative of the County of San Diego's 2021-2026 Strategic Plan by supporting those with behavioral health needs work through the criminal justice system.

Respectfully submitted,



JIM DESMOND
Supervisor, 5th District



SUMMER STEPHAN
District Attorney

ATTACHMENT(S)

N/A



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

SUBJECT: PROBATION – FY 2021-22 COMMUNITY CORRECTIONS
PARTNERSHIP PLAN (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER
Accept the County's FY 2021-22 CCP Plan.

EQUITY IMPACT STATEMENT

The CCP Plan was developed with equity as a guiding principle to reduce disparities across the health and justice systems and ensure equitable access to quality prevention, intervention, treatment, and rehabilitation services to unserved and underserved communities, addressing the intentional and unintentional barriers from bias or systemic structures. The CCP Plan includes feedback from community stakeholders and individuals who were previously involved in the justice system. The CCP Plan addresses services delivered by community members with relevant lived experiences to mentor and assist individuals to successfully transition from custody into the community. The CCP Plan includes data-driven outcome measures to identify and address racial/ethnic disparities in programs and services, for example, in referrals to services, successful completion of programs, and use of alternatives to custody.

FISCAL IMPACT

There is no direct fiscal impact associated with the requested action.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On November 22, 2021, the CCP Plan was voted on and accepted by the CCP Executive Committee.

BACKGROUND

California's criminal justice system fundamentally shifted on October 1, 2011, as the result of implementation of the Public Safety Realignment Act (AB 109). The intention of the law was to address both state budget shortfalls and overcrowded conditions of the California prison system. The law fundamentally altered the criminal justice system by changing the definition of a felony; shifting housing for low level felony offenders from prison to local county jail; and transferring the supervision of designated parolees from the California Department of Corrections and Rehabilitation to local county agencies. AB 109 and its companion bills addressed four areas of the criminal justice system including felony sentencing, supervision of felons after release from custody, alternatives to custody, and parole revocations.

The shifting of supervision and housing from California Department of Corrections and Rehabilitation to San Diego County required a comprehensive plan to effectively implement these modifications to the criminal justice system without compromising public safety. The State encouraged realignment plans to maximize the investment of criminal justice resources in evidence-based correctional sanctions and programs.

DATE: December 7, 2021

02

TO: Board of Supervisors

SUBJECT

**PROBATION – FY 2021-22 COMMUNITY CORRECTIONS PARTNERSHIP PLAN
(DISTRICTS: ALL)**

OVERVIEW

On October 1, 2011, the State of California implemented the Public Safety Realignment Act (AB 109). The law fundamentally altered the criminal justice system by changing the definition of a felony; shifting housing for low level felony offenders from prison to local county jail; and transferring the supervision of designated parolees from the California Department of Corrections and Rehabilitation to local county agencies. The legislation required counties to develop comprehensive plans to effectively implement these modifications to the criminal justice system without compromising public safety. Today's action requests that the Board of Supervisors accept San Diego County's updated plan, known as the Community Corrections Partnership (CCP) Plan.

AB 109 established the role of the CCP Executive Committee, which develops and approves a CCP Plan. During the fall of 2021, the County updated its CCP Plan through six public meetings of a working group that included representatives of the CCP Executive Committee from the District Attorney, Sheriff's Department, Public Defender, Probation, Health and Human Services Agency, and the El Cajon Police Department. The plan reflects stakeholder and community participation, including guidance from individuals who have been incarcerated and under community supervision.

The updated plan shows that San Diego County's approach to AB 109, the broader justice system, and the people who touch it has evolved significantly in the ten years since Public Safety Realignment passed. Additionally, the policy priorities expressed by the Board of Supervisors including equity, behavioral health connections, and alternatives to incarceration are reflected in the plan. The Fiscal Year 2021-22 CCP Plan provides an updated framework for San Diego County justice partners and stakeholders to plan, monitor and report on San Diego County's criminal justice system.

The CCP Executive Committee voted to accept the CCP Plan on November 22, 2021. Today's action is a request for the Board of Supervisors to accept the Fiscal Year 2021-22 CCP Plan.

SUBJECT: PROBATION – FY 2021-22 COMMUNITY CORRECTIONS
PARTNERSHIP PLAN (DISTRICTS: ALL)

Local Planning – CCP

Public Safety Realignment expanded the duties of the CCP, which provides a structure for county departments to collaborate on criminal justice policies and improvements and to determine service needs and priorities collectively for clients reentering the community from jail and prison. Realignment created a CCP Executive Committee composed of:

- Chief Probation Officer (Chair of the CCP)
- Presiding Judge of the Superior Court
- District Attorney
- Public Defender
- Sheriff
- Police Chief
- Director of the Health and Human Services Agency

The role of the CCP Executive Committee is to develop, approve, and present to the Board of Supervisors a CCP Plan that describes the services and programs implemented to meet the goals of AB 109.

During the fall of 2021, the County updated its CCP Plan to expand on the progress made in the last ten years since AB 109 was implemented, while addressing current and emerging issues and Board of Supervisors priorities including equity, community input, and performance outcomes. The CCP Executive Committee established a working group representing the executive committee membership that met publicly on six occasions to seek and review stakeholder and community input on programs and services provided to individuals impacted by AB 109, as well as the broader justice-system population. An evening meeting was structured to solicit community input on the plan's major goals and community priorities.

CCP Plan

The CCP Plan describes system-wide goals that guide the programs and services provided to individuals impacted by AB 109 as well as the broader justice-system population. The goals include measurable outcomes for client success in an equitable system of care. The three overarching goals of the CCP Plan are to: (1) Enhance prevention, diversion and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes; (2) Enhance reentry interventions in custody and the community; and (3) Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients. The programs and services outlined in the CCP Plan address issues such as linkages and access to treatment, behavioral health care, housing, education, employment, medical and public health care, etc.

By statute, the County's CCP Executive Committee is required to recommend the CCP Plan to the County Board of Supervisors, and the plan is "deemed accepted" unless rejected by a four-fifths vote of the Board, in which case the plan returns to the CCP for further consideration.

The CCP Executive Committee voted to approve the CCP Plan on November 22, 2021. The Committee also voted to hold bi-annual meetings, to include bi-annual working group meetings,

SUBJECT: PROBATION – FY 2021-22 COMMUNITY CORRECTIONS
PARTNERSHIP PLAN (DISTRICTS: ALL)

to review progress towards the plan's goals and objectives and to create opportunities for stakeholder input into justice system planning and future plan updates.

Today's request is for the Board of Supervisors to accept the FY 2021-22 CCP Plan. If the plan is accepted by the Board of Supervisors, it will be submitted to the Board of State and Community Corrections by December 15, 2021. The Board of State and Community Corrections includes information submitted by counties in a report to the State Legislature regarding the implementation of CCP plans.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Living Safely Initiative of the County of San Diego's 2021-2026 Strategic Plan by promoting the implementation of a service delivery system that reduces crime using a balanced-approach that provides individuals with access to rehabilitation.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

ATTACHMENT A - FY 2021-22 Community Corrections Partnership Plan



COUNTY OF SAN DIEGO

Community Corrections Partnership Plan
FY 2021/22

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Introduction

The County of San Diego's (County) Community Corrections Partnership (CCP) Plan describes services and programs that are guided by goals and objectives that define the successful implementation of Public Safety Realignment (AB 109). The CCP Plan aligns with the County's *Live Well San Diego* vision for the region that is Building Better Health, Living Safely, and Thriving.

During the last decade, San Diego County agencies successfully implemented strategies to meet the goals of AB 109. In the fall of 2021, the County updated its CCP Plan to expand on the progress made in the last ten years while addressing current and emerging issues and priorities. In the decade since Public Safety Realignment took effect, the California justice system has continued to evolve dramatically due to a series of legislative and voter-driven changes to laws. Likewise, in San Diego County, Board of Supervisors policy priorities have shifted to reflect current community needs and priorities. The updated CCP Plan provides an overview of Public Safety Realignment and the local planning efforts led by the Executive Committee of the CCP, which governed development of the CCP Plan. Included in the updated CCP Plan is a description of the County's goals and objectives with the associated programs and services that are designed to meet measurable outcomes geared towards client success within an equitable system of care.

Overview of 2011 Public Safety Realignment Act

California's criminal justice system fundamentally shifted on October 1, 2011 as the result of implementation of the Public Safety Realignment Act. The intention of the law was to address both state budget shortfalls and overcrowded conditions of the California prison system. The law fundamentally altered the criminal justice system by changing the definition of a felony; shifting housing for low level offenders from prison to local county jail; and transferring the supervision of designated parolees from the California Department of Corrections and Rehabilitation (CDCR) to local county agencies. AB 109 and the companion bills addressed four areas of the criminal justice system including felony sentencing, supervision of felons post-release, alternatives to custody, and parole revocations.

The shifting of supervision and housing from CDCR to San Diego County required a comprehensive plan to effectively implement these modifications to the criminal justice system without compromising public safety. The State encouraged realignment plans to maximize the investment of criminal justice resources in evidence-based correctional sanctions and programs.

Local Planning

Public Safety Realignment expanded the role and purpose of the CCP, which was previously established in Penal Code §1230 (Senate Bill 678). Pursuant to AB 117, an Executive Committee of the CCP, with membership defined in statute, is required to prepare a CCP Plan that enables the County to meet the goals of Public Safety Realignment. The CCP provides a structure for county agencies to collaborate on criminal justice policies and improvements and to determine service needs and priorities collectively for clients reentering the community from jail and prison.

Members of the Community Corrections Partnership

The Executive Committee of the CCP is composed of the Chief Probation Officer (the Chair of the CCP), the Presiding Judge of the Superior Court, the District Attorney, the Public Defender, the Sheriff, a Police Chief, and the Health and Human Services Agency Director (Table 1).

Table 1. Executive Committee of the CCP

Agency	Representative
Probation (Chair)	Cesar Escuro , Interim Chief Probation Officer
Presiding Judge of the Superior Court or designee	Honorable Lorna Alksne , Presiding Judge of the Superior Court
District Attorney	Summer Stephan , District Attorney, San Diego County District Attorney
Public Defender	Randy Mize , Public Defender, San Diego County Public Defender
Sheriff	William D. Gore , Sheriff, San Diego County Sheriff's Department
Chief of Police	Mike Moulton , Chief of Police, El Cajon Police Department
Director, Health and Human Services	Nick Macchione , Agency Director, County of San Diego Health and Human Services Agency

CCP at large members include representatives from the County Chief Administrative Office, the San Diego Workforce Partnership, the County Office of Education, a representative from a community-based organization, and an individual who represents the interests of victims (Table 2).

Table 2. CCP at Large Members

Agency	Representative
County Supervisor or Chief Administrative Officer or a designee of the Board of Supervisors	Dorothy Thrush , Chief Operations Officer, Public Safety Group, Chief Administrative Office
Head of the County Department of Employment	Andy Hall , Chief Impact Officer, San Diego Workforce Partnership
Head of the County Office of Education	Dr. Paul Gothold , San Diego County Superintendent of Schools
A representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense	Charlene Autolino , Chair, Reentry Roundtable
An individual who represents the interests of victims	Linda Pena , Director of Victim Services, San Diego County District Attorney's Office

On September 27, 2021, the Executive Committee of the CCP voted to update the CCP Plan and recommended that a Working Group be established with representatives from each of the Executive Committee member agencies to update the CCP Plan and report back to the Executive Committee within 45 days. It was recommended that the updated CCP Plan address equity impacts and the expected performance outcomes and gather community input. The CCP Working Group met on six occasions to develop the CCP Plan through a series of public meetings, with valuable information provided by stakeholders such as members of the public including individuals with prior justice involvement. Members of the CCP Working Group are listed in Table 3.

Table 3. CCP Working Group Members

Agency	Representative
Probation	<p>Dr. Erinn Herberman, Research Director, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p> <p>David Joralemon, Division Chief, Post Release & Mandatory Supervision Division, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p> <p>Karna Lau, Division Chief, Collaborative Reentry Services, Adult Reintegration and Community Supervision Services, San Diego County Probation Department</p>
District Attorney (DA)	Ana A. De Santiago Ayon , Division Chief Collaborative Justice Division, San Diego County District Attorney's Office
Public Defender	<p>Neil Besse, Supervising Attorney, Defense Transition Unit, Office of the Primary Public Defender</p> <p>Julie Gibson, Supervising Attorney, Collaborative Courts Division, Office of the Primary Public Defender</p>
Sheriff	<p>Christopher Buchanan, Commander, Detention Services Bureau, San Diego County Sheriff's Department</p> <p>Chuck Cinnamo, Commander, Law Enforcement Services Bureau, San Diego County Sheriff's Department</p>
Chief of Police	Rob Ransweiler , Captain, Support Bureau, El Cajon Police Department
Health and Human Services Agency	<p>Nadia Privara Brahms, Acting – Assistant Director, Chief Strategy & Finance Officer, Behavioral Health Services, County of San Diego Health & Human Services Agency</p> <p>Amy Thompson, Executive Finance Director, County of San Diego Health and Human Services Agency</p> <p>Cecily Thornton-Stearns, Assistant Director and Chief Program Officer, Behavioral Health Services County of San Diego, Health and Human Services Agency</p> <p>Anita Walia, Chief of Staff, Agency Executive Office, County of San Diego Health and Human Services Agency</p>

Guiding Principles

The CCP Working Group identified the following overarching principles for the CCP Plan:

1. **Data Integration Efforts:** Pursue data integration efforts between justice partners and the Health and Human Services Agency (HHSA) to promote diversion and enhance the coordination of care for individuals with justice involvement, to support data-driven decision making and meaningful outcomes.
2. **Community and Stakeholder Engagement:** Facilitate robust community and stakeholder engagement including individuals with lived experience and other efforts to identify communities who are suffering disproportionately with unmet needs, including behavioral health and those with justice involvement, to ensure service equity across the region.
3. **Multi-Agency Collaboration:** Engage in multi-disciplinary collaboration and leverage community and stakeholder resources to address operational and legislative challenges in a timely and comprehensive manner.
4. **Equity:** Reduce disparities across the health and justice systems and ensure equitable access to quality prevention, intervention, treatment, and rehabilitation services to unserved and underserved communities, addressing the intentional and unintentional barriers from bias or systemic structures.

Goals, Objectives, and Outcomes

The CCP Working Group identified goals, objectives, and outcomes that form the basis for the FY 2021/22 CCP Plan. Goals represent collaborative priorities for San Diego County established by the Working Group. Objectives are in some cases collaborative and shared by multiple agencies, while others apply to an individual department. Outcomes are the measures and indicators that will be developed and reported on to assess the status of how, and to what extent, the collaborative partners and individual departments are meeting the goals and objectives.

Goal 1: Enhance prevention, diversion and alternatives to custody; reserve jail for individuals posing a serious risk to public safety or sentenced for serious crimes.

Goal 1 Objectives

1. Maximize prevention and diversion opportunities to divert individuals with primary behavioral health conditions, including substance use disorders, away from justice involvement by connecting them to behavioral health care and housing services.
2. Maximize use of alternative custody options and explore opportunities for growth in areas such as Pretrial Services, the County Parole and Alternative Custody Unit, Home Detention, the Residential Reentry Center, Collaborative Court referrals, the District Attorney (DA) Community Justice Initiative, the DA Juvenile Diversion Initiative, the Community Transition Center, the Public Defender Defense Transition Unit, and the Public Defender Substance Abuse Assessment Unit.
3. Capitalize on all housing resources available and work towards addressing and removing barriers to housing.

4. Maximize the use of screening and assessments, treatment, graduated sanctions, alternatives to custody, and community sanctions using multi-disciplinary approaches to address violations for clients on Post Release Community Supervision, Mandatory Supervision, and felony probation. This includes providing alternatives to traditional criminal justice sanctions through evidence-based practices, for targeted offenses where there is not an enhanced public safety risk.
5. Continue to improve felony settlement by identifying appropriate cases for alternatives to custody as early in the process as possible and continuing cross collaboration, education, and training with justice partners by using best practices in sentencing.
6. Strengthen partnerships through co-location of departments and programs when possible, to support an integrated model of supervision and service delivery.

Goal 1 Outcomes

1. Track the number and sources of referrals to Collaborative Courts and diversion programs.
2. Monitor the number of post-sentenced individuals who receive enhanced care coordination and services after a violation is established.
3. Advance strategies and programming to connect individuals with primary behavioral health conditions, including substance use disorders, to behavioral health care and connections to housing.
4. Assess AB 109 clients referred to the Strengths-Based Case Management program and Post Release Outpatient program for substance use when receiving a behavioral health assessment and referred for services, when appropriate.
5. Monitor the number of clients diverted to the Community Transition Center in lieu of custody, to include demographic information that will be used to ensure equitable use of community sanctions.
6. Maximize jail capacity by reducing the number of lower risk offenders in jail. This goal will benefit not only the low-risk offender, but the community, and local agencies.

Goal 2: Enhance reentry interventions in custody and the community.

Goal 2 Objectives

1. Provide direct and support services to the inmate population in San Diego County detention facilities including screening and assessment; services for behavioral health conditions; services for individuals who rapidly cycle in and out of custody; public health interventions including immunizations; housing services for those experiencing or at risk of homelessness; etc.
2. Provide services to individuals as they are transitioning back to the community upon release including discharge planning, intensive case management where appropriate, and coordinated release with community partners. Services include mentoring using community members with lived experiences; addressing behavioral health care and homelessness; medical health

screenings and linkages to a medical home; public health services for HIV-positive individuals and other communicable diseases; etc.

3. Provide services to clients in the community after a period of incarceration to avoid recidivism including a widened scope of services for clients on MS; use of the DA Community Action, Resource, Engagement (CARE) Center, DA Tattoo Removal Program, and DA Community Grant Program; Public Defender Defense Transition Unit and Substance Use Assessment Unit; Community Transition Center; increased utilization of resources for education, employment, financial literacy, housing; improved physical and behavioral health coordination through new opportunities provided by California Advancing and Innovating Medi-Cal initiative; etc.

Goal 2 Outcomes

1. Advance strategies and programming designed to connect individuals with behavioral health conditions to services while in custody and during their transition into the community.
2. Through collaboration between the Probation Department and the Behavioral Health Services Strengths-Based Case Management program and Post Release Outpatient programs, assess and enroll AB 109 clients into housing, treatment, and other services, when appropriate, to support clients in transitioning from custody to community.
3. Measure the percentage of HIV positive participants released from custody with a medical appointment for ongoing care scheduled and a 30-day supply of HIV medications as warranted through the Intensive Case Management program that works with HIV positive individuals during and post incarceration in County detention facilities.
4. Measure the percentage of participants who have a housing option available to them on the day they are released from jail and who experience reduced justice involvement as measured by an increase in the number of days lived out of custody and in the community compared to the prior 12 month through the Community Care Coordination programs that serve individuals who are reentering the community from local jails and are experiencing or at-risk of experiencing homelessness.
5. Track and monitor the number of Post Release Community Supervision and Mandatory Supervision clients receiving reentry services.
6. The San Diego County Sheriff's Department Reentry Services Division designs programs to influence change in criminal behavior while promoting healthy lifestyles and community safety. The skills acquired through the Sheriff's Department programming, encourage the individuals in custody to translate new behaviors both in custody and into the community. Services provided include case management, reentry planning as well as psycho-social programs, vocational training, employment connection, educational opportunities, and wellness. It is anticipated, this level of collaboration will lend to successful reentry into the community.

Goal 3: Provide evidence-based supervision and intervention services to reduce recidivism through more effective services for realigned clients.

Goal 3 Objectives

1. Incorporate evidence-based practices, trauma-informed care, and multi-disciplinary team approaches into supervision and case management of clients placed on Post Release Community Supervision (PRCS) and Mandatory Supervision (MS). Utilize principles and practices proven to support engagement and accountability, to include the use of incentives and risk-based supervision. Increase equity and facilitate breaking the cycle of poverty, addiction, disease, and incarceration.
2. The District Attorney's Collaborative Justice Division will continue to staff the Collaborative Courts, MS Court, and Parole and PRCS Revocation Court with specialized Deputy District Attorneys who have expertise on evidence-based practices and alternatives to incarceration.
3. Connect individuals with behavioral health conditions and who have justice involvement to existing services within the system of care to support them in successfully re-entering the community.
4. Identify and address gaps in services for clients with acute mental health and substance use disorders who have co-occurring conditions.
5. Agencies will focus on providing training related to best practices in serving justice-involved clients including trainings focused on equity, inclusion, cultural competency, poverty, substance abuse, trauma-informed care, and harm reduction.

Goal 3 Outcomes

1. AB 109 clients in the Post Release Outpatient program with housing objectives included in their client plans shall demonstrate progress toward achieving those housing objectives over the previous 6-month period.
2. Advance strategies and programming that ensure people with first episode psychosis are connected to care in healthcare settings.
3. Advance efforts to integrate health and justice data to support tracking the rates of recidivism for individuals with justice involvement who are connected to behavioral health care, and establish a baseline.
4. Monitor referrals to community-based services including demographic information to track and support equity and inclusion in service delivery.

5. Monitor the recidivism rates for Post Release Community Supervision (PRCS) and Mandatory Supervision clients during supervision and twelve months after termination from supervision. For PRCS clients, monitor the successful termination from supervision within 6-12 months.
6. Track the use of incentives for compliant behavior.

Programs and Services

This section highlights the programs and services that are important to meet the CCP Plan goals and support successful client outcomes.

San Diego County Sheriff's Department

The San Diego County Sheriff's Department is committed to the mission of working in partnership with our communities, to provide the highest quality public safety services. Since the inception of California's Criminal Justice Realignment (AB 109) on October 1, 2011, the San Diego County Sheriff's Department has been faced with several new challenges. Primarily, due to new sentencing mechanisms in the California penal code for individuals incarcerated in the county jail for the commission of non-serious, non-violent, and non-sexual felony crimes.

As a result of AB 109, individuals may serve felony sentences in the county jail because of the creation of Penal Code 1170(h).

These types of sentences fall into two categories; Individuals sentenced pursuant to 1170(h)(5)(a) serve the entirety of their felony sentence in the county jail. Through October 2021, the Sheriff's Department has processed and released 11,909 bookings which fall into this category, with an overall average length of stay of 240 days spent in custody per booking.

Individuals sentenced pursuant to 1170(h)(5)(b) are eligible to "split" their sentences between custody in the county jail and in the community, under the supervision of the San Diego County Probation Department. Through October 2021, the Sheriff's Department has processed and released 4,906 bookings which fall into this category, with an overall average length of stay of 217 days spent in custody per booking.

As of November 2021, the longest stay in custody of an individual sentenced pursuant to 1170(h) PC is 2,906 days, or approximately 8 years.

Additionally, the Sheriff's department became responsible for housing individual who have violated the terms of Post Release Community Supervision (PRCS) terms in the community, as well as parole violators in the county jail.

Individuals entering the Sheriff's custody as a PRCS violator may be subject to a "flash" incarceration of up to 10 days, per California Penal Code 3453(q) or for a more serious violation resulting in a revocation of the individual's PRCS status, for which the individual may serve up to 180 days in the county jail for each custodial sanction per Penal Code 3455(a).

Through October 2021, the Sheriff's Department has processed and subsequently released 38,147 bookings in either of these categories, with an overall average length of stay of 36 days spent in custody per booking.

Individuals booked into the Sheriff's custody pursuant to California Penal Code 3056 for violating the terms of their parole may be housed in the county jail for a maximum of up to 180 days per revocation. Through October 2021, the Sheriff has processed and subsequently released 27,981 bookings in this category with an overall average of 28 days spent in custody per booking.

Alternatives to Custody

Pretrial Services

The Sheriff's Pretrial Services (PTS) unit works to safely reduce the number of people detained before trial by gathering information about new arrestees, conducting pretrial assessments, preparing individually tailored recommendations to the court regarding release options and conditions, and providing pretrial services and supervision to individuals on pretrial release. For FY 2020/21, 541 individuals were granted Supervised Own Recognizance (SOR) release. FY 2021/22, SOR releases are projected to exceed the FY 2020/21 total by mid-year.

County Parole and Alternative Custody

County Parole and Alternative Custody (CPAC) unit uses evidence-based practices and proactive supervision methods to provide participants the opportunity to complete their custody sentence in a non-jail setting, maintain or attain employment, continue individual treatment and/or programming needs. CPAC supervises participants on Home Detention (HD), at the Residential Reentry Center (RRC), Pretrial, and Court referrals.

Reentry Services

Reentry Services Division

The San Diego County Sheriff's Department Reentry Services Division (RSD) provides direct and support services to the inmate population in San Diego County detention facilities. RSD counselors meet with individuals and perform an assessment to address needs. Prescribed programming is done based on needs identified through individual and group reentry interventions in the following four tracks offered while in custody.

Vocational Programs

Vocational programs offer valuable skills and may receive certifications, preparing the participants for employment opportunities in the community, in partnership with Grossmont Adult Education instructing curriculums in a learning environment and hands on training. Vocational opportunities include Culinary Arts, Bakery, Commercial Laundry, Healthcare Service Assistant Training, Industrial Sewing, Landscape Maintenance, Construction Trades, Bicycle Shop and CIVICS Landscape. San Diego Workforce Partnership offers job readiness training, resume building and linkage to employment through the Job Centers in the reentry facilities.

Educational Programs

Educational courses incorporate classroom-based learning along with independent studies in order to cultivate skills that will contribute to a successful reentry into the community. Educational courses include High School Equivalency and Computer Literacy through Grossmont Adult Education. College-level courses are provided by Southwestern Community College, Grossmont-Cuyamaca Community College, and Palomar Community College. In addition, a science workshop facilitated by students from University of California San Diego.

Wellness Programs

Wellness services provide individuals in custody the opportunity to work on building and maintaining healthy lifestyles through wellness education. In partnership with various community-based organizations and volunteers, the population can participate in yoga classes, meditation classes, and workshops addressing health topics. Medi-Cal enrollments are also available to support any medical needs upon release with activating their health insurance.

Psycho-Social Programs

The foundation of the Psycho-Social classes offered is Cognitive Behavioral Therapy (CBT) curriculum such as Thinking for a Change, a 12-week course addressing self-cognitive change, social skills, and problem solving. Gender Responsive and Trauma Informed curriculum: Beyond Anger and Violence focuses on anger along with the traumas experienced while addressing cognitive behavioral restructuring and grounding skills for trauma triggers. Other supplemental classes are assigned based on individual need also in partnership with contracted providers offering direct services with other evidence-based programs facilitated in a group setting.

These interventions provide additional education, skills, linkage to services in the community and assist in creating a reentry plan to support future success and reduce the likelihood of returning to custody. In FY 2020/21, one or more reentry interventions were provided to 5,165 individuals.

Sheriff's - Supporting Individual Transitions (S-SIT)

The S-SIT program serves individuals who over the last three years, have averaged 10 or more bookings per year. On average, these 100 individuals are in custody 15 days per booking and remain in the community approximately 24 days before they return to custody. As a result of their rapid cycling through the system, they are rarely connected to a provider in or out of custody. Taking a long-term look at the needs of these individuals is the focus of the S-SIT team. Reentry Services Division (RSD) counselors will meet with S-SIT clients regularly to build rapport, assess the individual's interest in services, and provide support towards appropriate community referrals. RSD counselors will be notified each time the client returns to custody to continue to build rapport and attempt to link client to community resources. S-SIT team staff are working closely with community providers to assist them in contacting their clients while they are in custody. Our latest report shows that 811 total annual contacts were made with S-SIT participants.

Coordinated Program Release

The Sheriff's Department provides our community partners with additional assistance through the Coordinated Program Release process. Providers who pick-up individuals from the jails can submit a Coordinated Program Release Form prior to the person's release date. The process ensures individuals being released are prepared with medication, transportation, program linkage, and transitional information. The Sheriff's Department conducted 2,361 coordinated releases for FY 2020/21.

San Diego County Probation Department

Under the direction of the Board of Supervisors and leadership of Interim Chief Probation Officer Cesar Escuro, the San Diego County Probation Department envisions an Adult Reintegration and Community Supervision Services (ARCSS) Bureau that provides a fair and equitable model of support for all adult Probation clients, values the client's individual needs, and provides access to meaningful and relevant opportunities for success. In 2021, the ARCSS Bureau developed an Action Plan that lays out a roadmap for how the Probation Department continues to transform its adult service model to enhance and strengthen community supervision.

Realigned Populations Supervised by Probation

Assembly Bills 109 and 117 created two new classifications under the Probation Department's supervision: Post Release Community Supervision (PRCS) and Mandatory Supervision (MS) clients. Adults on PRCS have felony convictions and are released from prison with committing offenses that are non-violent, non-serious, or non-sex related. Prior to AB 109, these individuals were supervised by State Parole upon release from prison. MS clients have felony convictions and sentenced after AB 109 pursuant to PC 1170(h) for non-violent, non-serious, and non-sex related offenses. Clients on MS who receive a "split" sentence are required to spend a portion of their sentence in jail and another portion under probation supervision.

The Post Release and Mandatory Supervision Division of the ARCSS Bureau at the San Diego County Probation Department oversees the supervision of clients on PRCS and MS. Each supervision level consists of distinct operating procedures, legal authority, and procedural guidelines. Since the beginning of AB 109, the Probation Department has served 16,197 individuals with either MS and/or PRCS grant(s).

Community Supervision Model

The San Diego County Probation Department utilizes evidence-based practices in the supervision and case management of its clients. The process begins by assessing client's risk and criminogenic needs using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment tool. The COMPAS is a validated risk assessment designed to measure the critical risk and needs of adult clients in the correctional system to provide objective, structured decision-making regarding the level of supervision and interventions that could reduce their risk to reoffend.

Based on the results of the COMPAS assessment, the Probation Department applies an evidence-based and therapeutic approach by developing individualized case plans to target the client's highest needs and increase the likelihood of success. Officers utilize the Community Resource Directory, which is a web-based resource developed by the Probation Department that provides a catalogue of countywide services to which clients can be referred. It supports the delivery of case management services by probation officers who assess client needs and develop individualized case plans with referrals to services in the

community to address behavioral health, substance abuse, and other issues. From FY 2015/16 to FY 2020/21, 2,730 (94%) of client on MS and 6,375 (95%) of clients on PRCS were referred to services.

One evidence-based program to which MS and PRCS clients can be referred is Cognitive Behavioral Therapy (CBT). Therapists address factors such as criminal thought processes, cognitive and behavioral control of anger, interpersonal skill deficits, and exposure to trauma. CBT services include healthy communication skills, problem solving skills, anger management, family classes, and relapse prevention.

During community supervision, probation officers positively reinforce progress and sanction negative behavior with the goal of reinforcing long-term positive behavior change. Probation officers apply Integrated Behavioral Intervention Strategies in their interactions with their clients. Equipped with motivational interviewing and cognitive behavioral skills, probation officers engage their clients to encourage lasting behavior change and to promote positive outcomes. These evidence-based supervision and intervention services are provided with a focus on reentry.

My Reentry Roadmap Resource Guide

The Probation Department recently developed a resource guide called My Reentry Roadmap that provides clients and community members with links and guidance for the successful transition back into the San Diego community: [MyReentryRoadmap.pdf \(sandiegocounty.gov\)](#). The resource guide helps clients to identify what they need to transition back into the community given the available resources throughout San Diego County. It provides information about how to be successful on community supervision; how to access identification/documents; transportation services; housing and homeless services; substance use disorder resources; medical services; social security/disability; Veteran's services; resources for families; employment/education information; financial literacy; and criminal record relief.

Post Release Community Supervision (PRCS)

Since the beginning of Realignment through September 2021, there have been 15,050 grants of PRCS. PRCS clients on supervision from CY 2013 to 2020 were predominately male (91%). On average each year, PRCS clients were identified as 34% Hispanic, 34% White, 26% Black, 3% Asian, and 3% other.

Community Transition Center

To facilitate the successful reentry of PRCS clients, the County of San Diego developed the Community Transition Center (CTC), which became operational in January of 2013. The CTC was created through a collaborative partnership between Probation and justice partners, including the San Diego County District Attorney's Office, the San Diego County Sheriff's Department, the San Diego County Public Defender's office as well as San Diego County Health and Human Services Agency. The CTC is co-located at the Health Care Services Inc. Lighthouse Residential Treatment Program, which provides a culture of recovery and resiliency that instills hope in clients returning to the community.

A key component of the program is that every PRCS client is picked up at state prison upon release and transported directly to the CTC by staff members who have lived experience with the justice and substance abuse treatment systems.

The CTC is designed to reduce barriers to reentry by ensuring a seamless transition from prison to the community. In addition to clients released from state prison, the CTC serves some clients on MS who are brought to the center from local prison to await placement into community-based programming.

Additionally, clients currently on supervision can be diverted to the CTC when in need of substance use detoxification, pending placement in a higher level of community care, or in lieu of incarceration.

The CTC is the site of a Multi-Disciplinary Team comprised of probation officers, Optum Behavioral Health Services Team (BHST) licensed mental health clinicians, Lighthouse treatment staff, a United Healthcare nurse case manager, and Medi-Cal Assistance Support specialists from HHSA. The CTC is open 7 days a week, 365 days a year with Probation and BHST staff onsite from 9-6pm daily.

Upon arrival at the CTC, clients are drug tested and assessed for criminogenic needs using the Reentry COMPAS and screened by the BHST for behavioral health needs. Clients can meet with a nurse case manager as well as with Medi-Cal Assistance Support staff, as needed.

Through the assessment and screening process, the clients' criminogenic, behavioral health, and physical health needs are identified. Clients are then linked to appropriate community-based treatment and intervention programs to address their needs. Services range from strength-based mental health case management, full-service partnership/Assertive Community Treatment programs, outpatient substance use disorder (SUD) programs, residential SUD programs, withdrawal management programs, co-occurring programs, Cognitive Behavioral Therapy (CBT), and education/employment services. Clients also have immediate access to on-site short-term housing pending placement in long-term programs.

With the implementation of the CTC, probation officers can immediately assess and engage the clients and connect them with services needed to successfully reintegrate into society. While at the CTC, a preliminary case plan is developed, and clients are referred to treatment and intervention services. Upon leaving the CTC and reporting to the assigned supervision probation officer, clients may be referred to additional services based on their specialized case plans.

From January 2013 to September 2021, 16,469 clients were screened and assessed at the CTC. There were 17,226 referrals to services. This included 5,805 referrals to residential treatment for SUD, 3,569 referrals to outpatient treatment for SUD, and 3,052 referrals to CBT, among other referrals.

As one client reflected on the CTC, "It gave me the opportunity to get my life together and to put a plan together for successful reentry into society." An overview of the CTC is provided in this video, Community Transition Center Offers a Helping Hand: <https://www.youtube.com/watch?v=F0TlYlgPRSU&feature=youtu.be>

Another innovative use of the CTC is that it allows clients who violate their community supervision terms and who need treatment to be referred to and housed at the CTC while awaiting availability of a residential treatment program. This temporary housing helps to save limited jail bed space and keeps the clients in a therapeutic environment until they can enter a program. From 2013 to 2021, 1,442 clients were referred to the CTC in lieu of custody, saving an estimated 10,094 jail days.



Clients at the Community Transition Center

The Probation Department monitors recidivism for PRCS clients based on the criteria defined by the Chief Probation Officers of California that measures new convictions during supervision. From FY 2013/14 to FY 2020/21, 38% of PRCS clients recidivated during supervision.

Mandatory Supervision (MS)

Since the beginning of Realignment through September 2021, there have been 5,413 grants of MS. From CY 2013 to 2020, clients on MS were predominantly male (76%). On average each year, MS clients were identified as 35% Hispanic, 42% White, 16% African American, 4% Asian, and 3% other.

Reentry Services

Mandatory Supervision clients receive comprehensive reentry planning that starts when they are in custody and ensures their successful transition to the community. In-custody services involve the collaborative efforts of a correctional counselor, on-site probation officer, and alcohol and drug program specialist. Clients' criminogenic risks and needs are assessed as well as their drug and alcohol histories. Multi-disciplinary team meetings occur with clients to create in-custody case plans that outline the services the clients receive in custody.

Once sentenced, clients participate in prescribed programming while in custody including Cognitive Behavioral Therapy, vocational programming, anger management, life skills, and treatment for substance use disorders. With correctional counselors and on-site probation officers, MS clients work to complete the goals identified in their case plans. Prior to release, Probation prepares a MS pre-release plan which includes a case plan based on the clients' risks and needs identified through the COMPAS assessment and serves as a guide to link the clients to services during community supervision. Clients are also screened and assessed for behavioral health needs including the American Society of Addictive Medicine criteria, by a designated Behavioral Health Services Team licensed clinician.

When the MS clients are released to supervision, they participate in an intensive and structured supervision process through MS Court. The probation officer continues to update the case plan, monitor compliance and place the client in appropriate programs based on the client's assessed risk and needs, and provides the client with assistance obtaining and/or maintaining housing and employment.

Mandatory Supervision Court

MS clients are provided an intensive supervision model called The Blueprint for Success that is designed to increase their chances of successful reintegration into the community. The Blueprint for Success is an ongoing collaborative effort that outlines how reentry is facilitated for MS clients. Once sentenced, the client participates in prescribed programming based on the assessments. While in custody, the client meets with correctional counselors and on-site probation officers and works to complete the individualized goals as identified in the case plan.

Approximately 45 days prior to release, clients complete a “Community Reentry Plan” and Probation prepares an MS Pre-Release Plan, which includes a COMPAS assessment, behavioral health screening completed by a Behavioral Health Services Team clinician when indicated, and a case plan based on the client’s identified risk and needs. Thirty days prior to release, the client attends a pre-release court hearing. At that time, the client’s progress in custody is reviewed and the plan for transition to the community is discussed with the Court and the multi-disciplinary team, which includes a deputy district attorney, a deputy public defender, a correctional counselor, and a probation officer. The client is then brought into court and is informed of the conditions and requirements of MS. The plan is then reviewed again prior to the client being released from custody.

When a MS client is released to supervision, clients are placed on Global Positioning System (GPS) monitoring for a minimum of two weeks. Regular status hearings are calendared in MS Court for continued monitoring of the client’s progress. MS Court is held twice weekly. In addition to these regular status hearings, the probation officer continues working with the client on the case plan, monitoring compliance, and placing the client in appropriate programs based on the client’s assessed risk and needs. To address criminogenic risks and needs, clients are referred to community-based services using the Community Resource Directory.

Clients are also helped with obtaining and/or maintaining housing and employment. MS clients are incentivized by adjusting supervision levels in response to client compliance with case plan goals such as eliminating drug use, maintaining residential stability, and achieving employment/educational accomplishments. All warrants are brought before the judge and all revocations and modifications to the conditions of supervision are heard in MS Court. From FY 2013/14 to FY 2020/21, 13% of MS clients recidivated with new convictions for felony or misdemeanor offenses during supervision.

Health and Human Services Agency

Integrated Services

The Health and Human Services Agency (HHSA) provides a broad range of health and social services to promote wellness, self-sufficiency, and a better quality of life for individuals and families in San Diego County. HHSA offers a continuum of quality services, including to individuals with justice involvement. HHSA’s integrated continuum of services are accessible through County-operated and community-based programs to support individuals in achieving and sustaining wellness, along with improving outcomes for education, family reunification, housing stability, and social connectedness. Connection to services also reduces unnecessary interactions with law enforcement.

Virtually all departments in HHSA are involved to some extent in working with the County’s Public Safety Group (PSG) partners to connect individuals to the appropriate resources at all stages of justice

involvement. In some instances, this means co-locating services when possible. For example, HHSA Medi-Cal enrollment assistance is available at every San Diego County Probation Department that serves adults, and the Probation Department is co-located with the HHSA East County Family Resource Center.

Health & Housing

HHSA’s Public Health Services (PHS) Department continues to work closely with PSG partners, providing recommendations around robust screenings, testing, vaccinations, education, and other needed public health interventions for County jails, as well as working to ensure continuity of care and treatment for HIV-positive inmates, tuberculosis cases, and other communicable disease during incarceration and upon release for effective case management. Additionally, PHS will work with PSG as needed to ensure health screenings are provided at intake and upon release, including linkage to a medical home, which is critical for continuity of care.

Access to Medi-Cal covered physical and behavioral health services is a critical piece in delivering continuity of care for the justice involved population. HHSA’s Medical Cares Services Division will be exploring new opportunities afforded by the State’s CalAIM (California Advancing and Innovating Medi-Cal) initiative to further enhance these efforts to improve physical and behavioral healthcare for the justice-involved population, also to include access to community support services for those released from custody.

In talking about health, housing is a critical component. HHSA recently established a new department, Homeless Solutions and Equitable Communities (HSEC), that includes the Office of Homeless Solutions (OHS). OHS is focused on building coordinated robust services, community outreach, and County cross-threading to assist people experiencing homelessness, as well as engaging in upstream, equitable prevention efforts. OHS is leading several collaborative programs with PSG partners, including the Public Defender and Sheriff, to engage individuals while they are in custody to begin making connections to services and developing a housing plan prior to release. The goal is to provide participants immediate housing options, connections to services on the day of their release, intensive case management and housing assistance for up to twelve months in the community to ensure connections to services and placement into permanent housing. OHS currently oversees the Community Care Coordination (C3) program, which serves individuals who have a serious mental illness, the Community Care Coordination for Veterans program (C3V), which serves veterans, and Community Care Coordination Straight to Home program (C3 STH), which will be implemented in January 2022 and will serve individuals with high needs (such as behavioral and/or physical health needs). All three C3 programs serve individuals who are reentering the community from local jails and are experiencing or at-risk of experiencing homelessness.

Behavioral Health Services

HHSA’s Behavioral Health Services (BHS) department remains a central and key partner in serving the justice involved population. BHS offers an array of mental health and substance use disorder prevention, treatment and recovery services, including permanent supportive housing, through County-operated and community-based providers to connect children, youth, adults, older adults and families who have behavioral health conditions, including individuals with justice involvement, to ongoing care. BHS collaborates with the Courts, the Sheriff’s Department, Probation, and other law enforcement agencies to divert and connect individuals with law enforcement involvement or at-risk of justice involvement diversionary with treatment in lieu of incarceration, when possible, as they are entering or exiting

detention, jails, or courts. In FY 2020/21, BHS served approximately 95,000 individuals across the system, 40% of which had justice-system involvement within the preceding two years.

In Fiscal Year 2018/19, BHS opted into the Drug Medi-Cal Organized Delivery System (DMC-ODS), to enhance and expand services for individuals with substance use disorders, including individuals with justice-involvement. DMC-ODS expanded services, including services target to individuals with justice-involvement, and increased service standards, oversight, and improved care coordination.

BHS continues to transform the **behavioral health continuum of care** from a system that is driven by crisis to a system of chronic and continuous care management in support of achieving the **Triple Aim – Improving patient care and experience, improving the health of populations, and lower cost per capita**. This system transformation includes the creation of regionally distributed services that are available across the county to enhance prevention, diversionary, treatment and support, and care coordination services. Many of the services across the behavioral health continuum of care support individuals with justice involvement, a population that is often underserved. Some examples of the array of the BHS services available to individuals with justice involvement or at risk of justice involvement are outlined below.

Behavioral Health Court

Behavioral Health Court (BHC) applies the Collaborative Court model to individuals who are diagnosed with serious mental illness (SMI) who have engaged in criminal behavior. BHC provides intensive mental health treatment with concurrent emphasis on sobriety, stable housing, linkage to benefits and employment, re-unification with family and employment or education support. Successful completion of the program may result in the reduction or dismissal of charges.

Center Star Assertive Community Treatment

The Center Star Assertive Community Treatment (ACT) utilizes the ACT model of care to provide comprehensive, multi-disciplinary, field-based mental health services for justice-involved clients who are diagnosed with SMI and co-occurring disorders who are experiencing homelessness. The program supports the client in stepping down to a lower level of care within the program utilizing a strength-based case management approach, and offers both transitional and long-term housing resources.

Crisis Stabilization Units

Crisis Stabilization Units (CSUs) provide 24/7 services to individuals who are experiencing a behavioral health crisis to stabilize and connect them to ongoing services that meet their individual needs. CSU services are available in hospital- and community-based settings, and include law enforcement drop-offs as a safe alternative to a jail or hospitalization. CSUs provide psychiatric services, medication, peer support, connection to community-based services and transition planning, with stays of less than 24 hours. CSUs services provide a client-centered and cost saving approach to care diverting individuals experiencing a psychiatric crisis away an unnecessary emergency department visit or acute care hospitalization.

Drug Court

BHS Drug Courts provide substance use disorder treatment services under DMC-ODS in collaboration with justice partners including the Judge, District Attorney, Public Defender, City Attorney, Probation and Sheriff. Services provide highly structured treatment to for adults who have committed a non-violent,

drug-related crime and need connection to substance use disorder treatment. Services emphasize sobriety, housing, employment, education and family re-unification with the goal of diversion from incarceration and a reduction in recidivism. Additionally, criminal charges may be reduced or dismissed upon successful completion of the program.

Mobile Crisis Response Teams

Mobile Crisis Response Teams (MCRTs) are deployed to connect individuals who are experiencing a behavioral health crisis to care by dispatching behavioral health experts to emergency calls, as an alternative option to a law enforcement, when appropriate. Deploying clinicians to non-violent behavioral health crisis calls rather than law enforcement, when appropriate, is more effective and less traumatic to clients. In January 2021, BHS launched the MCRT pilot program in the North Coastal Region and MCRTs will be expanded countywide through a staggered process, in partnership with law enforcement entities in the region.

Post Release Outpatient Program Services Assertive Community Treatment

The Post Release Outpatient Program Services (PROPS) Assertive Community Treatment (ACT) program utilizes the ACT model of care to serve clients who are diagnosed with SMI and co-occurring disorders who have been adjudicated under AB 109, and who are supervised by local Probation (i.e., Post Release Community Supervision and Mandatory Supervision). The PROPS ACT program provides comprehensive mental health services to individuals who have extensive contacts with the criminal justice system, and includes outreach and engagement, benefits assistance, independent living skills training, counseling, and transitional housing support.

Psychiatric Emergency Response Teams

The Psychiatric Emergency Response Teams (PERT) pair a licensed mental health clinician with a uniformed law enforcement officer in the field. PERT clinicians are deployed countywide via 911 to provide behavioral health assessments, consultation, case coordination, linkage and limited crisis intervention services to individuals who come into contact with law enforcement. PERT teams also transport individuals to a hospital or other community-based treatment, as appropriate.

Project In-Reach

Through Project In-Reach, BHS collaborates with the Sheriff's Department to engage individuals in custody and who have been diagnosed with SMI and/or co-occurring disorders, in treatment. This bridging program receives referrals by the Sheriff and provides services to clients 30-60 days prior to their release into the community. The program provides ongoing support to clients for up to 90 days to help them successfully transition from custody to community.

Reentry Court

The Reentry Court program consists of collaboration between BHS justice partners to engage individuals who have violated their community supervision (Probation) and have been assessed as having substance use disorders, and may have co-occurring mental health conditions. This program also emphasizes sobriety, housing, employment, education, and family re-unification and successful program completion may result in early termination of Probation.

San Diego Misdemeanants At-Risk Track

The San Diego Misdemeanants At-Risk Track (SMART) program is a collaboration between BHS, the Public Defender, and the City of San Diego Attorney's Office to assist low-level misdemeanor offenders in connecting to services, including care coordination and housing, and prioritizes chronic offenders with complex social needs.

Serial Inebriate Program

The Serial Inebriate Program (SIP) is a collaboration between BHS, the courts, law enforcement, emergency medical services, and hospitals to provide services for individuals who are experiencing homelessness and are chronically inebriated. SIP provides outpatient substance use disorder treatment, case management and housing for individuals as an alternative to custody.

Sobering Center

The Sobering Center provides a safe alternative to custody to individuals who are inebriated in public and in need of sobering services. Individuals who are under the influence of alcohol and other intoxicants may be transported to the facility by law enforcement for a minimum of 4 hours. Individuals receive counseling and linkage to treatment resources.

Strength-Based Case Management

The AB 109 Strength-Based Case Management (SBCM) program provides outpatient mental health services, including medication management and strength-based case management. This program has flex funds to cover various needs including temporary housing. Participants in this program are referred by Probation and are under supervision as AB 109 offenders. The program serves adults 18 years old and older and serves a minimum of 465 clients annually.

Vida ACT

The Vida ACT program utilizes the ACT model of care to serve clients that have been diagnosed with SMI and may have co-occurring disorders, who are experiencing homelessness and are re-entering the community from custody. The program specializes in assessing criminogenic needs to ensure they are addressed in the treatment plan.

Wellness Ministry

The Wellness Ministry functions similarly to Project In-Reach and includes the added element of pairing a religious pastor with a mental health clinician to provide services. This program emphasizes the support of an individual's spiritual needs and provides linkage to religious organizations within the community based the client's choice.

San Diego County Public Defender

Defense Transition Unit

The Defense Transition Unit (DTU) was created October 2016 within the Primary Public Defender's Office to assist with the resolution and sentencing of criminal cases where the primary goal is effective mental health management. The DTU is centered on six licensed mental health clinicians and three housing navigators who work as part of the criminal defense team accepting referrals directly from a client's assigned Deputy Public Defender. With both legal and clinical supervision and paralegal support, DTU clinicians will meet with and assess the mental health needs of clients in custody. In collaboration with Behavioral Health Services, the clinicians will use their knowledge of community resources to arrange

comprehensive mental health treatment. The DTU will then propose treatment plans for use by attorneys, judges and the Probation Department. When these plans are adopted by the court, the DTU will ensure that clients are transported directly from custody to mental health service providers.

Public Defender clinicians work closely with the mental health providers at all levels of care across the county. In particular, the DTU maintains crucial connections with Sheriff and County Mental Health clinicians to ensure that clients move with continuity of care between the jail, the hospital, and community treatment. DTU clinicians also work closely with housing navigators and substance abuse assessors within the department so that treatment planning includes housing and substance use disorder care whenever needed. Annually, the Defense Transition Unit processes over 1,400 attorney referrals while participating in Behavioral Health Court, advocating for diversion motions, and educating justice partners daily concerning Behavioral Health Services program criteria.

By more quickly and appropriately linking mentally ill clients to the resources they need, the DTU will improve a client's ability to maintain their well-being and remain free of new offenses. Clients will attend clinical intake and treatment appointments while stable and motivated, and are less likely to return to more costly emergency hospitalization, crisis houses and Psychiatric Emergency Response Team (PERT) intervention. The DTU provides data to Behavioral Health Services to identify trends among mental health providers, and assists the court system in better achieving clinically appropriate grants of diversion and probation. Ultimately, the Defense Transition Unit reduces recidivism and benefits the taxpayer while improving the quality of life for Public Defender clients.

Substance Abuse Assessment Unit

The Substance Abuse Assessment Unit (SAAU) of the County of San Diego Primary Public Defender's Office is a vital resource to the community of San Diego. The SAAU is a full-service placement agency that assesses, transports, and connects in-custody clients directly to residential treatment programs (RTP). For individuals with co-occurring disorders, the unit works closely with the Sheriff's Department to provide a supply of psychiatric medication directly to the treatment facility, within the same day of the client's arrival.

The SAAU works closely with attorneys and the justice partners to identify those clients with both the need for treatment and amenability. An in-depth assessment designed around the American Society of Addiction Medicine (ASAM) criteria is conducted with every individual to establish the person's amenability and reception towards change. If the unit makes the recommendation for treatment, the assessors work directly with residential treatment providers to ensure a continuum of care from incarceration to admission into the program.

Not all who are assessed by the unit are recommended to be placed in treatment. SAAU assesses approximately 1,800 clients per year and places approximately 70% into RTP. Unsuccessful placements occur for multiple reasons which range from: clients declining services at assessment, clients not meeting ASAM criteria for residential level of need, clients declined by programs due to severity of charges, primary medical or mental health needs, or clients that are released prior to the possibility of placement.

The goal of the SAAU is to address substance abuse issues within the justice population with the hopes of reducing criminal recidivism.

San Diego County District Attorney

District Attorney Collaborative Justice Division

The District Attorney's Office mission is to pursue equal and fair justice for all and to build safe neighborhoods in partnership with the communities we serve, by ethically prosecuting those who commit crimes, protecting victims and preventing future harm.

The District Attorney's Collaborative Justice Division (CJD) advocates for the best solutions to protect public safety, where individuals convicted of criminal offenses are held accountable, yet supported with appropriate treatment and supervision in order to reduce the likelihood of recidivism.

CJD is staffed by specialized Deputy District Attorneys (DDAs) who are experts on evidence-based practices and alternatives to incarceration. Working alongside a multi-disciplinary justice partner team, DDAs use a balanced approach to develop and implement problem-solving strategies that address the root of an individual's criminogenic behavior by combining rehabilitative services with intensive supervision. CJD currently staffs eight Collaborative Courts, including Mandatory Supervision and Post Release Community Supervision Court.

District Attorney Blueprint for Mental Health Reform

The District Attorney's Blueprint for Mental Health Reform was created to memorialize the work of stakeholders who participated in two symposiums mapping the intersection between mental health and the criminal justice system. The Blueprint includes ten specific recommendations with many sub-recommendations that move the needle on mental health reform and keep the public safe using evidence-based practices, while treating individuals with mental illness with compassion, dignity, and respect.

Several of the Blueprint's recommendations have been implemented or are on their way to implementation including de-escalation training for every police officer in the county, Mobile Crisis Response Teams, Community Based Crisis Stabilization Centers with law enforcement drop offs, and expanded mental health diversion options. Most recently, the first Community Based Crisis Stabilization Center opened in Vista providing options to help families facing a mental health crisis, with 24/7 access to stabilization services, medication, and connection with community services. This Crisis Stabilization Center also provides law enforcement with a third option from taking an individual experiencing a mental health crisis to jail or the hospital.

District Attorney Community Justice Initiative

The San Diego County District Attorney Community Justice Initiative (DA CJI) provides those individuals facing low level criminal charges the opportunity to have their case dismissed before sentencing. Participants must successfully complete twelve-hours of CBT and four hours of community service. After completion of the Cognitive Behavioral Therapy, the participant can choose to be connected to services in lieu of the community service. Referrals can be made for housing assistance, job training, mental health or substance use disorder treatment, food, clothing and more. After completing the program, the case is dismissed, and the individual's record is sealed.

In the initial two years the program has been running, there have been about 841 participants of which 538 cases have been dismissed. Others are still in the process of completing the program. Of the participants who successfully completed the program, only 5% have had additional criminal cases filed against them.

District Attorney Juvenile Diversion Initiative

The Juvenile Diversion Initiative (JDI) is a county wide early intervention program that prioritizes alternative diversion options for youth before filing criminal charges, to help reduce the possibility that a young person will reoffend. The JDI, in conjunction with the National Conflict Resolution Center, works in collaboration with other community-based organizations to provide culturally competent services and restoration to the youth diverted through the DA's JDI.

The objective is to provide San Diego County youth the opportunity to attempt to repair the harm they caused, understand the impact of their choices, and to avoid permanent and negative outcomes related to the formal criminal justice system, including stigma, labeling, and a criminal record. Evidence-based data shows that when a youth who commits a crime is provided specific services in their own community, they can maintain those connections, reducing the likelihood of reoffending. All impacted parties are eligible to participate in the JDI with the goal of accountability for the crime. This includes, the person harmed (the victim), the youth responsible for the harm, family members, and/or community.

The DA's JDI program is for youth between the ages of 13 and 17 and provides comprehensive as well as restorative justice principles to ensure participants address the harm they caused. Participation is a voluntary process, and upon completion, the diverted youth responsible for the harm will have the opportunity to have their arrest record sealed.

District Attorney Community Partnership Prosecutors

The District Attorney established a team of Community Partnership Prosecutors to work in the community to address many issues that lead to criminal behavior before it elevates to the justice system. The four Community Partnership Prosecutors are assigned regionally throughout the county to problem solve in neighborhoods, build relationships, identify issues with a nexus to public safety and help create strategic solutions that ultimately improve quality of life in our communities. Community Partnership Prosecutors also organize community events including forums on various criminal justice related topics which creates opportunities for community feedback to the District Attorney's Office through the CPPs work in our various neighborhoods.

District Attorney Community CARE Center

The Community, Action, Resource, Engagement (CARE) Center is a satellite office of the District Attorney's Office, located in National City. The CARE Center is a product of the community's collaboration with the San Diego County District Attorney's Office, aimed at actively linking individuals in the community to community-based prevention and intervention services with the goal of building strong community relationships and reducing crime. The CARE Center provides individuals with evidence-based prevention and intervention support services to help them improve their quality of life, reduce crime and recidivism, and promote public safety.

Using an evidence-based needs assessment, motivational interviewing and trauma-informed practices, the DA's Prevention and Intervention Program team members work with both adults and youth to identify their top needs. Crime prevention specialists at the CARE Center assist those individuals transitioning back to the community with reentry services. The CARE Center also assists families receive wraparound services, which includes family counseling, employment, housing, and food distribution.

District Attorney Community Grants Program

The District Attorney's Community Grant Program (CGP) seeks to engage San Diego County community-based organizations to identify and implement new and innovative methods to address community safety and expand community assets, such as hope and resilience regardless of zip code. One-time grant funding of up to \$50,000 is awarded to participating organizations for a maximum of twelve months, to grow promising evidence-based solutions that produce positive results in the following four focus areas: youth and family support, environmental justice, protecting vulnerable youth, and victim support.

CGP partners with small organizations embedded in communities who may not have had previous access to grant opportunities but are poised to propose innovative and dynamic communitive-based approaches to addressing the four areas of focus. The District Attorney's Office is committed to ensuring CGP providers reflect the diverse makeup of the communities we serve.

District Attorney Tattoo Removal Program

The Tattoo Removal Program is a DA led initiative to support successful reentry to our justice involved populations. The program provides free of charge, to those who qualify, removal of gang and human trafficking tattoos for youth and adults who have been involved in the criminal justice system and are making strides to disassociate themselves from that life. Elimination of tattoos have been shown to improve employment opportunities and decrease negative bias towards individuals seeking to reenter the community and work force.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 7, 2021

10

TO: Board of Supervisors

SUBJECT

AUTHORIZATION TO ACCEPT COMMUNITY SERVICES BLOCK GRANT FUNDING AND AUTHORIZATION TO APPLY FOR FUNDING OPPORTUNITIES FOR EQUITABLE COMMUNITY PROGRAMS AND SERVICES (DISTRICTS: ALL)

OVERVIEW

As the region's designated Community Action Agency, the County of San Diego (County) is eligible to receive an annual allocation of federal Community Services Block Grant (CSBG) revenue. The County has received this funding since 1975. CSBG funds local programs that increase economic security for individuals and families and supports civic engagement in low-income communities, particularly around addressing barriers to economic inclusion. CSBG revenue is available to California Community Action Agencies each year through a revenue agreement with the California Department of Community Services and Development. The County is a Community Action Agency and is eligible to CSBG allocations of approximately \$3,400,000 annually based on the submission of a two-year Community Action Plan (Plan). On June 25, 2019 (5), the San Diego County Board of Supervisors (Board) approved and authorized the Clerk of the Board of Supervisors to execute the CSBG revenue agreements and any amendments associated with the Plan for calendar years 2020 and 2021.

Today's action requests the Board to approve and authorize the Clerk of the Board, upon receipt, to execute CSBG revenue agreements and any amendments supported through the Plan for calendar years 2022 and 2023. Authorization is also requested to pursue additional funding opportunities to support expansion of programs or to pilot new services responsive to the needs of the community that will enhance opportunities for self-sufficiency. Today's action supports the Board's Framework for Our Future by supporting programs within the region's low-income communities that address barriers to economic inclusion, promote civic engagement, and support the development of equitable, resilient, and thriving communities in alignment with the County's vision of building a region that is healthy, safe, and thriving by ensuring all residents have the full opportunity to live well.

SUBJECT: AUTHORIZATION TO ACCEPT COMMUNITY SERVICES BLOCK GRANT FUNDING AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES FOR EQUITABLE COMMUNITY PROGRAMS AND SERVICES (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Authorize the acceptance of approximately \$3,400,000 annually of Community Services Block Grant funding from the State of California Department of Community Services and Development for the periods of January 1, 2022 through December 31, 2022 and January 1, 2023 through December 31, 2023.
2. Authorize the Clerk of the Board, upon receipt, to execute all required revenue agreement documents, including any annual extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.
3. Authorize the Agency Director, Health and Human Services Agency to apply for future funding, including grants, supplemental funding and other funding opportunities for programs or projects that address barriers to economic inclusion and promote civic engagement in the region's low-income communities.

EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency, Department of Homeless Solutions and Equitable Communities, Office of Equitable Communities (OEQC), strives to enhance community engagement and collaboration and devote efforts to meet the needs of underserved communities. The Community Action Partnership (CAP) as the locally designated Community Action Agency, is responsible for administering programs that address locally identified issues of poverty through Community Services Block Grant (CSBG) funding. Programs include but are not limited to centralized support of and annual funding for Resident Leadership Academy (RLA) trainings and activities, financial literacy education, emergency/basic needs, support of the San Diego County Earned Income Tax Credit Coalition coordination, conflict resolution and community engagement, upstream services to assist with employment, utilities, and other needs to assist families to increase their opportunity to be self-sufficient. CSBG funded programs advance equity and opportunity for economically disadvantaged communities through the OEQC's mission of focusing on embracing diversity, health equity, economic inclusion, and poverty reduction. In addition, CSBG funding requires community input through a Community Needs Assessment (Assessment) every two years and the utilization of data and information collected to be incorporated into program design and service delivery to reflect the needs and priorities of the community. Strategies for expanding input during this process include utilizing existing meetings, such as a RLA Council meeting, and a series of needs assessment follow-up presentations by the contracted provider as public hearings to gather feedback. CAP and CSBG funding further equitable opportunities as the data collected through the Assessment is made available to community stakeholders for their own use in developing and enhancing programs and services addressing similar needs, further expanding an equity-focused approach.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. If approved, this request will result in annual costs and revenue of approximately \$3,400,000 in Fiscal Year 2021-22 and Fiscal Year 2022-23. The funding source is the Community Services Block Grant from the California Department of Community Services and Development. There will be no change in net General Fund cost and no additional staff years.

SUBJECT: AUTHORIZATION TO ACCEPT COMMUNITY SERVICES BLOCK GRANT FUNDING AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES FOR EQUITABLE COMMUNITY PROGRAMS AND SERVICES (DISTRICTS: ALL)

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT

The Community Action Board approved the 2022-2023 Community Action Plan on April 8, 2021 and this item on October 14, 2021.

BACKGROUND

The federal Community Services Block Grant (CSBG) funds programs to increase economic security for individuals and families and supports civic engagement in low-income communities, particularly around addressing barriers to economic inclusion. The California Department of Community Services and Development (CSD) allocates CSBG revenue to Community Action Agencies according to the census count of persons with incomes below the federal poverty level. As a Community Action Agency, the County of San Diego (County) is eligible to receive CSBG allocations of approximately \$3,400,000 annually based on the submission of a two-year Community Action Plan (Plan). The County has received this funding since 1975 through the Community Action Partnership (CAP) which is the County's designated Community Action Agency. The Plan outlines the local service priorities for low-income communities informed through a Community Needs Assessment (Assessment) with the focus of capturing the voice of the community.

The Assessment is conducted with the goal of obtaining resident data and identifying needs and priorities to guide the direction of CAP's investment of resources, including the use of San Diego County's allocation of CSBG funding. The 2022-2023 Plan was approved by the San Diego County Community Action Board on April 8, 2021 and by CSD on August 24, 2021. The Plan outlines the strategies CAP will support to empower individuals, families, and communities to identify and address barriers to the vision of *Live Well San Diego* in economically disadvantaged communities throughout the region. Strategies include investments in community capacity building and educational opportunities, increased access to healthy food and other basic needs, technical assistance and training to small, minority-owned businesses, and community cohesion building through the use of restorative circles and community conversations. CSBG is the primary funding source for these, and other strategies outlined in the Plan. These strategies and programs align with the domains of the Framework for Ending Homelessness (Framework), which was approved by the San Diego County Board of Supervisors (Board) on November 2, 2021 (4). The Framework is anchored in five domains: Root Cause and Upstream Prevention, Diversion and Mitigation, Services, Treatment and Outreach, Emergency/Interim Housing and Resources, Permanent Housing and Support. Additionally, each of the five domains is driven by five key commitments: Person-Centered, Data, Regional Collaboration, Sustainability, and Equity.

SUBJECT: AUTHORIZATION TO ACCEPT COMMUNITY SERVICES BLOCK GRANT FUNDING AND AUTHORIZATION TO APPLY FOR FUTURE FUNDING OPPORTUNITIES FOR EQUITABLE COMMUNITY PROGRAMS AND SERVICES (DISTRICTS: ALL)

In Calendar Year 2020, through a variety of contracted service providers, the following was achieved through CSBG funded CAP programs:

- Approximately 8,100 individuals and 3,700 families participated in or received services through at least one CAP program.
- Approximately 2,700 individuals participated in civic engagement and community involvement activities increasing their leadership skills, improving social networks, and/or their knowledge and abilities to engage within their communities.
- To increase financial stability and promote economic well-being approximately 560 individuals participated in job readiness training, approximately 400 individuals were assisted with coaching, job development, and/or interview skills training, and nearly 650 individuals participated in financial literacy training.
- Supported by CAP's Earned Income Tax Credit (EITC) Coordination program, through the Volunteer Income Tax Assistance sites, San Diegans saved over \$2.9 million in fees by providing no-cost tax preparation services; nearly 4,000 filers received over \$6.0 million in federal EITC, and just over 5,000 filers received over \$998,000 in state CalEITC.
- Just over 2,000 individuals were connected to Supplemental Nutrition Assistance Program (SNAP) benefits and nearly 1,700 boxes/bags of food were provided to help bring food to the tables within the San Diego community.
- Domestic violence prevention education workshops were provided to approximately 250 adults and youth.
- Nearly 1,000 individuals were connected to additional resources and organizations (e.g., include the DMV, child support, workforce development, GED or higher education, etc.) to further promote self-sufficiency.

Today's action requests the Board to approve and authorize the Clerk of the Board, upon receipt, to execute CSBG revenue agreements and any amendments supported through the Plan for calendar years 2022 and 2023. Additionally, today's action requests authorization to apply for any additional funding opportunities to support expansion of programs or to pilot new services that will enhance opportunities for self-sufficiency.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

These actions support the Building Better Health, Living Safely and Sustainable Environments/Thriving initiatives of the County of San Diego's (County) 2021-2026 Strategic Plan by strengthening economic inclusion and civic engagement in low-income communities throughout the region in alignment with the County's *Live Well San Diego* vision. The Office of Equitable Communities, Community Action Partnership's required Community Needs Assessments and regular connection to the communities served supports Thriving initiatives that seek to create opportunities for residents to increase their civic engagement and access to tools and resources to break the cycles of poverty and become self-sufficient.

SUBJECT: AUTHORIZATION TO ACCEPT COMMUNITY SERVICES BLOCK
GRANT FUNDING AND AUTHORIZATION TO APPLY FOR FUTURE
FUNDING OPPORTUNITIES FOR EQUITABLE COMMUNITY
PROGRAMS AND SERVICES (DISTRICTS: ALL)

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Robbins-Meyer", is positioned above the printed name.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A- 2022 – 2023 Community Needs Assessment and Community Action Plan

2022/2023
Community Needs Assessment and Community Action Plan

California Department of
Community Services and Development

Community Services Block Grant



[Click below to view full document](#)

Fiscal Year 2022-23 Community Action Plan

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COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 7, 2021

14

TO: Board of Supervisors

SUBJECT
2022 LEGISLATIVE PROGRAM (DISTRICTS: ALL)

OVERVIEW

In accordance with Board of Supervisors Policy, each year the San Diego County Board of Supervisors (Board) adopts a Legislative Program containing statements and guidance that allows the County, through the Office of Strategy and Intergovernmental Affairs (OSIA), to take positions and advocate quickly in response to state and federal legislation that impacts the County and/or is of interest to the Board. The Legislative Program contains a legislative sponsorship platform, state and federal legislative priorities, and policy guidelines for the upcoming calendar year.

On January 12, 2021 (12), your Board paused the authority of the previous Legislative Program and directed the Chief Administrative Officer (CAO) to draft a new Legislative Program that included abbreviated guiding principles and key legislative initiatives and priorities. Your Board also directed the CAO to review and calibrate the roles and responsibilities of OSIA staff and functions according to the new legislative program approach focused on proactive action and nimble advocacy of adopted guiding principles and legislative priorities and to have these changes reflected in Board Policies M-1, Legislative Proposals – Sponsored by the Board of Supervisors, and M-2, Legislative Policy: Legislative Advocacy. The Board adopted these changes on January 26, 2021 (14), and that new direction guided all state and federal advocacy in 2021. The proposed 2022 Legislative Program builds on the successes of the new model and includes additional statements to bolster the County's advocacy efforts.

Today's action is a request for approval of the 2022 Legislative Program which provides direction to the OSIA staff and the County of San Diego's Sacramento and Washington, D.C. advocates.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Adopt the proposed 2022 Legislative Program by taking the following actions:

1. Authorize staff to seek the legislative proposals summarized in the Sponsorship section of the 2022 Legislative Program (Attachment A).

SUBJECT: 2022 LEGISLATIVE PROGRAM (DISTRICTS: ALL)

2. Authorize staff to pursue and respond to state and federal legislative efforts as detailed in the Priority Issues section of the 2022 Legislative Program (Attachment B).
3. Authorize staff to advocate as directed in the Policy Guidelines section of the 2022 Legislative Program (Attachment C).

EQUITY IMPACT STATEMENT

The County of San Diego (County) is committed to crafting a Legislative Program that meets the needs of the entire region. In January, OSIA brought forward a revised Legislative Program as part of the Framework for our Future: Reforming the County Legislative Program. The revised Legislative Program added Equity and Justice as a legislative priority and created a set of Guiding Principles to allow OSIA to proactively advocate for legislation that ensures equity, transparency, and access for all residents. By advancing these efforts through legislative advocacy at the state and federal level, we are ensuring policy change and financial resources for programs and services that benefit and uplift the residents we serve.

In addition, for the first time, the proposed 2022 Legislative Program reflects community feedback. Members of the public were able to comment and share feedback on the Legislative Program in two ways, first, through written comments to a public email address, and second, through a virtual community forum held on October 7, 2021. The public comment period and virtual community forum were noticed through an OSIA GovDelivery listserv, through County Boards and Commissions, including the Human Relations Commission Legislative Subcommittee, through announcements on social media, and on the OSIA website. The feedback received was both valuable and informative and contributed to the changes included in the proposed 2022 Legislative Program.

Lastly, OSIA conducted a gap analysis of the 2021 Legislative Program to ensure the Legislative Program had statements that allowed OSIA to proactively respond to bills that were important to the County and tracked the statements used over the last year to evaluate our advocacy efforts.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. No additional staff years are required.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Per Board Policies M-1, Legislative Proposals – Sponsored by the Board of Supervisors, and M-2, Legislative Policy: Legislative Advocacy, the Legislative Program provides policy direction to Office of Strategy and Intergovernmental Affairs (OSIA) staff and to the County's Sacramento and Washington, D.C. advocates regarding advocacy efforts on the County's behalf. This direction

SUBJECT: 2022 LEGISLATIVE PROGRAM (DISTRICTS: ALL)

allows timely input regarding legislation and issues that may impact the County and/or be of interest to the Board of Supervisors (Board).

The Legislative Program consists of the following three components:

- Sponsorship Proposals are policy issues the County will be seeking a legislator to author a bill on our behalf
- Priority Issues are individual issues the Board has identified as being the highest priority for the year
- Policy Guidelines are specific, standing policy statements that give OSIA the authority and guidance to proactively respond to bills that are introduced

Sponsorship Proposals

Each legislative year, the County sponsors legislation that will have a significant impact on operations. OSIA coordinates with departments to propose sponsorship legislation to the Board. The Board may also develop their own legislative sponsorship proposals throughout the legislative year and direct OSIA to add those measures to the Legislative Program. Today's action recommends County sponsorship of state and federal legislative proposals. OSIA works with the County's Sacramento and Washington, D.C. advocates to seek members of the California State Legislature or the United States Congress to author the proposals. The Sponsorship Proposals are summarized in Attachment A.

Priority Issues

The Legislative Program includes information regarding the Board's Priority Issues. These are subject areas that the Board has determined are priority policy areas to focus on in the coming year. OSIA will seek both legislative and focused funding opportunities to support these issue areas. The Priority Issues are summarized in Attachment B.

Policy Guidelines

There are a number of proposals of interest to the County that may be introduced or sponsored by legislators in Sacramento or Washington, D.C. or by other interest groups and associations. The Policy Guidelines authorize OSIA staff to work with other interested parties if legislation on these policy issues is introduced by someone else.

Proposed changes to the Policy Guidelines from the prior year 1) reflect Board action that has occurred since the adoption of the prior year's Legislative Program, 2) delete obsolete elements of the guidelines, and 3) contain proposed departmental updates and statements that reflect feedback from the community engagement process. The recommended Guidelines are found in Attachment C.

2021 Legislative Program and Community Engagement Process

On January 26, 2021 (14), the Board adopted a new version of the Legislative Program with specific priority areas provided by the Board and policy changes to allow the County to be proactive and nimble in our advocacy. The result was the County's official support of 59 bills in 2021, 38 State and 21 Federal. In addition, we sent advocacy letters on State Budget Priorities, Federal Budget Priorities, and advocacy specific to the crafting of the federal infrastructure bill,

SUBJECT: 2022 LEGISLATIVE PROGRAM (DISTRICTS: ALL)

eventually known as the Infrastructure Investment and Jobs Act (IIJA). OSIA staff also conducted an ongoing gap analysis to ensure the Legislative Program had statements that allowed us to proactively respond to bills that were important to the County and accurately reflected needed legislative changes. This resulted in four additional statements proposed in the 2022 Guidelines section. Furthermore, OSIA tracked the statements used over the last year to evaluate our advocacy efforts and to ensure adherence to the Board's priorities. The statement OSIA used most frequently over the last year to engage on legislation fell under the Equity and Justice section in Priority Issues (Attachment B).

OSIA also sought community input on the Legislative Program for this year's proposed changes. In June, a dedicated email address and GovDelivery list were established and posted to the OSIA website to create a two-way path of ongoing communication for the public to provide feedback. The public comment period stretched from July through August and feedback was received from many individuals and organizations, such as the Neighborhood House Association, St. Paul's Senior Services/PACE, and CASA. In addition, outreach was conducted to the County's Boards and Commissions to solicit their feedback throughout the summer, and a Community Forum was conducted on October 7, 2021, and resulted in excellent feedback from individuals and organizations such as the Hunger Coalition, 2-1-1 San Diego, the San Diego Housing Authority, and others. OSIA also engaged the Human Relations Commission (HRC) Legislative Subcommittee. The HRC proposed several recommendations around hate, human trafficking, civility in public discourse, and child marriage. Altogether, the feedback received from the public comment period, community forum, and HRC resulted in additional statements proposed in the 2022 Legislative Program to add our voice to the excellent advocacy being done by our community partners in policy areas that uplift the residents of our region.

The proposed 2022 Legislative Program is a reflection and continuation of the Framework for our Future. Members of the public, community-based organizations, County departments, and County Boards and Commissions, have all shared input, making this document and legislative platform a community document and a reflection of the people we serve. Today's action is a request to approve the 2022 Legislative Program, which will guide OSIA staff and the County's Sacramento and Washington, D.C. advocates in our advocacy on state and federal legislation important to the County and region.

SUBJECT: 2022 LEGISLATIVE PROGRAM (DISTRICTS: ALL)

Attachment A

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed adoption of the 2022 Legislative Program supports the Building Better Health, Living Safely, Sustainable Environments/Thriving and Operational Excellence initiatives of the County of San Diego's 2021-2026 Strategic Plan by providing staff in OSIA, as well as the County's Sacramento and Washington, D.C. advocates, guidance on advocacy efforts on behalf of the County at the state and federal levels. These advocacy efforts include seeking funding to sustain important programs or more flexibility in the delivery of services to the residents of this region.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Sponsorship Proposals

Attachment B – Priority Issues

Attachment C – Policy Guidelines



**County of San Diego
SPONSORSHIP PROPOSALS
2022 Legislative Program**

STATE SPONSORSHIP PROPOSALS

I. Health and Human Services

A. Mobile Pharmacy

Seek a change in law that would allow for a mobile pharmacy to dispense medications to vulnerable populations, such as the homeless, and those who lack transportation and financial means to obtain medications from fixed pharmacy locations.

B. Behavioral Health Hub Flexibilities

Seek changes in law that would provide flexibilities in the review, approval of plans, permits, certificates of occupancy, licensing, and/or construction of behavioral health facilities, including, but not limited to, exemptions under the California Environmental Quality Act.

FEDERAL SPONSORSHIP PROPOSALS

I. Health and Human Services

A. Title IV-E Eligibility Criteria

Seek a change in federal procedure to means-test Title IV-E funding, which would increase the federal income threshold to 2021 income averages, thereby increasing the number of Child Welfare Services children eligible for Title IV-E funding.

B. Continuum of Care Waiver

Seek a change in federal law that would make permanent the temporary waivers put in place during the COVID-19 pandemic emergency for the Continuum of Care program to streamline and better serve individuals experiencing homelessness.

A. Emergency Solutions Grant Waiver

Seek a change in federal law that would make permanent the temporary waivers put in place during the COVID-19 pandemic emergency for the Emergency Solutions Grant program, which will continue to alleviate administrative burdens and help expedite locating housing for those who are homeless or at-risk of homelessness.



**County of San Diego
PRIORITY ISSUES
2022 Legislative Program**

The County of San Diego will actively engage in legislation in the following areas at the state and federal level to ensure such legislation benefits County operations and the clients, customers, and constituents we serve.

The County of San Diego will actively pursue all available funding to lift up and invest in our communities to ensure the San Diego region receives its fair share.

AFFORDABLE HOUSING

The San Diego region needs more affordable housing. The demand for new affordable housing is greater than the number of units developed, and available housing is beyond the reach of many families to buy or rent. Reports continue to show that housing in San Diego County is among the most expensive in the nation and economic conditions have significantly impacted those that are most in need of affordable housing solutions.

The County of San Diego and cities in the region operate a number of programs to provide and develop affordable housing. These programs offer rental assistance, affordable housing opportunities for renters, financial assistance for first-time homebuyers, and resources for persons experiencing homelessness. The County will engage in efforts to increase the number of rental assistance vouchers available and enhance funding for rental assistance vouchers that support low-income and other vulnerable populations. The County will also work with local municipalities, community partners, the State, and the Federal Government to ensure legislation supports the creation of affordable housing in our region. As the County works to increase the net housing supply in the region, it will also pursue reforms that will allow for fairer allocation of the State's Regional Housing Needs Assessment (RHNA) credits.

BEHAVIORAL HEALTH

The County of San Diego Behavioral Health Services (BHS) department provides mental health and substance use disorder services to residents of San Diego County of all ages through cross-sectoral collaboration and coordinated systems of care, which include prevention, treatment, residential, long-term care, and support services.

BHS serves the region in four distinct domains. The work in each of these domains is guided by a broad vision of a behavioral health system characterized by upstream prevention and continuous care, rather than perpetual crisis, and is rooted in a regionally distributed and coordinated model that is data-driven and culturally responsive. The County will pursue opportunities to support legislation that advances this framework for behavioral health services.

CLIMATE CHANGE AND THE ENVIRONMENT

The County of San Diego will work with regional partners to advance efforts to reduce the impacts of Climate Change in San Diego County, including achieving zero carbon emissions by 2035. These efforts include, but are not limited to, reducing greenhouse gas emissions, programs and policies that prioritize environmental justice and equity, support of local food system resiliency, and preservation of natural ecosystems to function for carbon sequestration. The County will also focus on additional key areas:

- Wildfires
 - Due to the history of catastrophic wildfires in the region, the County of San Diego has continued to target reducing the risk of wildfires by improving local policies and codes and implementing innovative programs to help residents prepare for the next disaster. Wildfires are naturally occurring within the San Diego region and need to be managed as such. Climate change is making the wildfires in our region more destructive and more frequent, such that the fire season is nearly year-round. The County employs a comprehensive approach to fire protection, which includes areas of focus such as fire suppression (expanding coverage and purchasing equipment), fire and building codes, defensible space, land use planning, and community engagement through education and outreach. The County will engage in legislation and administrative action that address habitat management and restoration; the removal of dead, dying, and diseased trees; reduces community wildfire risk and/or strengthens community resiliency following a major wildfire; adopts land use changes to avoid building in high wildfire-prone areas; and addresses post-fire flood mitigation issues.
- Water Quality
 - Under the Beach and Bay Water Quality Monitoring Program, the County of San Diego Department of Environmental Health and Quality performs beach water quality sampling. When poor water quality is identified, the public is notified through a number of different outlets, including social media, a website, telephone hotline, press releases, and posted signs on affected beaches. Warnings of contaminated water are provided to the public at beaches impacted by sewage spills when monitoring indicates bacteria levels exceed State health standards, or during other events that may pose an imminent threat to public health. Additionally, as an international border county, local beaches in the South Bay may also be impacted by cross-border sewage flows, making binational and regional coordination and responsiveness to potential beach water quality impacts essential for public health protection. Funding to support local beach water quality monitoring and information-sharing is beneficial for public health authorities in the border region. The County will seek all funding and infrastructure improvement opportunities for the Tijuana River Valley. Additionally, the County will engage in legislation to support increased funding for beach water testing efforts, improved scientific methods for testing, and additional programs that may benefit the 70 miles of coastline beaches in San Diego County. The region also has an aging stormwater infrastructure system which makes us vulnerable to floods, water pollution, and exposure to toxins. Substantially more funding is needed, particularly in the area of green infrastructure and restoration opportunities. The County should also engage in legislation and pursue funding to reduce upstream risks to water quality, including the repair and improvement of stormwater infrastructure and the preservation and restoration of riparian habitat.

- **Habitat**
 - There currently are more than 60 species in San Diego County listed as rare, threatened or endangered by the State and federal governments, and there are more species of concern in San Diego than in any other county in the continental United States. The implementation of multi-species Habitat Conservation Plans (HCPs), as well as Natural Community Conservation Plans (NCCPs), is critical to our conservation measures. The County will engage in legislation and pursue funding that protects habitats and species of concern across the region and increases the adoption of local native plants in public and private landscaping.
- **Environmental Justice and Protection**
 - Environmental justice is defined as the equal protection and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Climate justice acknowledges that climate change can have differing social, economic, public health, and other adverse impacts on underserved populations. Historically, those most impacted by the effects of climate change, pollution, and other environmental issues have come from underserved, low-income communities, and communities of color. The County will engage in legislation and pursue funding that supports the County's Office of Environmental and Climate Justice as they work to collaborate amongst all County departments, the Air Pollution Control District, other jurisdictions, and community stakeholders in order to set measurable goals to reduce air pollution emissions and exposure to toxic and hazardous waste in underserved communities to support more equitable, healthier communities. The County will engage in legislation and pursue funding for efforts to mitigate and reverse the impacts of climate change on all communities with an urgent focus on low-income communities and communities of color that bear some of the greatest effects of climate change to ensure a healthy environment for all to live, learn, and work in.
- **Food Systems**
 - A food system includes all processes and infrastructure in place to feed a population; from all the inputs that are necessary to grow food, to the management of wasted food, and everything in between: production, manufacturing and processing, storage and distribution, consumption, and disposal of food and food-related products. The County will support legislation and pursue funding for initiatives and efforts to support access to healthy, local, and affordable food, climate-smart and resilient agriculture, nutrition assistance and education, and wasted food prevention and recovery to ensure a safe, equitable, and sustainable food system for the San Diego region.

DATA INFRASTRUCTURE

Data is essential to shaping public policy that is equitable, impactful, and appropriate. The County of San Diego interfaces with many data portals to administer programs funded by the State and Federal Government. The County will advocate that the data systems are interconnected and accurate and support legislation that provides funding and capability to enhance our own data efforts. Additionally, the County will advocate for, and support, legislation that removes barriers to data sharing between various programs and systems for the purposes of providing person-centered case management and support.

EARLY CARE AND EDUCATION

Pregnant women and children ages birth to five years of age are two of the most vulnerable populations in San Diego County. The prenatal period creates the foundation of a child's future healthy development. Research has shown us that the rapid brain development that occurs in the first five years of life make these years the most critical and formative in a child's life. Ensuring the healthy development and overall well-being for all children throughout the County is critical. Prioritizing and improving upon the existing systems to support the wellbeing of young children and their families is critical. The County, working along with the local First 5 and state and federal governments, will advocate for and leverage the resources that are available to support pregnant women and children birth to five years of age. Additionally, the County will support and advocate for legislation that supports building a stronger early care and education system.

The County of San Diego will pursue funding opportunities to support the vision of the Continuum of Care and engage in legislation that promotes a robust Early Care and Education system of care for the San Diego region.

ENSURING SAFE COMMUNITIES

One of the most important roles of local government is ensuring the safety of the public. It is critical to keep all members of our community protected.

- **Disasters and Emergencies**
 - The County of San Diego will support legislation and efforts to ensure all-hazard preparation, planning, mitigation, response, and recovery to foster safe, strong, and capable communities.
- **Crime and Abuse**
 - The aim of the County of San Diego is to advocate for policies that create a system that is equitable, fair, and just. It is vital not only that crime rates remain low, but that the community feels safe where they live, work, and play; and that includes fostering trust with members of the law enforcement community.
 - The County of San Diego will engage in legislation that protects the safety of those in our community; provides necessary resources to our justice partners to provide training and rehabilitative programming; and provides services and supports to victims of crime, disasters, and emergencies.
 - The County of San Diego will also support state and federal legislation that furthers reforms related to reducing gun violence, including background checks for firearm purchases, budgetary commitments to invest in the communities most impacted by everyday gun violence, and/or new oversight and accountability measures for the gun industry.

EQUITY AND JUSTICE

Systemic racism and racial inequities have been ongoing and sustained over time, and the County of San Diego must recognize and act on these deep-seeded problems. This forced many difficult and necessary conversations around equity and racial justice within the County organization and to

the people we serve. In 2020, there were steps to address disparities with the creation of the San Diego County Human Relations Commission and with the establishment of a new Office of Equity and Racial Justice. These entities will identify systemic bias within the County organization and will promote respect and integrity for all individuals. The County will engage in efforts that highlight and advance actions that address systemic racism and racial inequities to root out disparities and create a more just and equitable region. The County of San Diego will engage in legislation that will strengthen community and law enforcement relationships and funding for programs designed to enhance transparency and foster positive interactions with law enforcement. The County will engage in legislation and/or actions that dismantle barriers encountered by underserved communities, people of color, and vulnerable populations in all aspects of life including, but not limited to, healthcare, justice reform, the criminalization of marijuana and the war on drugs, housing, economic development, and wealth generation.

HOMELESSNESS

The County of San Diego administers or delivers a range of health and social services to people experiencing homelessness in both incorporated and unincorporated areas of the county. The County also secures, subject to available resources, housing and care coordination for people who are homeless or at risk of homelessness. Funds for these services come primarily from the federal and state governments, although County general funds are also contributed. The County takes the lead where appropriate to secure federal and state resources and also works collaboratively with the non-profit community and participating cities in the completion of competitive grants from the U.S. Department of Housing and Urban Development (HUD) and state and federal agencies for funds that would assist families and people experiencing or at risk of homelessness.

Homelessness touches more than housing and social services. The operations of County Parks, Public Works, Public Safety, and others are impacted. By advocating for funding and appropriate programming and needed housing, not only will people be given the services they need, but County operations will be able to focus resources appropriately.

The County will engage in legislation at the state and federal level that provides necessary funding, programs, and support services for people experiencing or at risk of homelessness. This legislation should be flexible to administer in order to meet the specific needs of our region and funding should be at a level commensurate with the need.

OLDER ADULTS

The San Diego region is home to nearly 700,000 individuals over the age of 60, and by 2030, that number will be more than 800,000. San Diego County's over-60 population is projected to diversify and grow faster than any other age group, thus it is crucial the needs of the region's older adults are taken into account as we plan for the future. The County of San Diego has adopted an Aging Roadmap as the regional plan to ensure that the region has programs and communities that equitably support the needs and celebrate the contributions of all older adults in the San Diego region. The Aging Roadmap identifies specific goals and action steps in ten priority areas: Health and Community Support, Housing, Social Participation, Transportation, Dementia-Friendly, Caregiver Support, Safety, Preparedness and Response, the Silver Economy, and Medical and Social Services.

The County of San Diego will pursue funding opportunities to support the vision of the Aging

Roadmap and engage in legislation that promotes a robust system of support for the aging population in San Diego County.

PANDEMIC RESPONSE AND COVID-19

The County of San Diego has made significant efforts to reduce and mitigate the spread of COVID-19 through a widespread effort to vaccinate all eligible residents, testing, contact tracing and treatment, and by acquiring and providing Personal Protective Equipment (PPE) to first responders and healthcare workers.

Pandemics are a rare event, however, there will continue to be a need for state and federal action and resources to allow our County to prepare for and respond to the next pandemic or infectious disease that will impact our county. These include, but are not limited to: legislation that would allow for the administrative or temporary suspension of state and/or federal regulations that inhibit a region's ability to respond to a pandemic; legislation that provides resources or funding to proactively plan and prepare and respond to a future pandemic by acquiring appropriate levels of PPE, testing supplies and materials, and/or vaccine supplies; legislation that allows flexibility of existing funding streams and disaster specific funding streams to meet the needs of our region; legislation that allows for flexibility of revenue backfills to County programs; legislation or administrative action to allow flexibility to adapt policies to continue to provide critical services.

In addition, the County of San Diego will engage in legislation introduced at the State and Federal level in response to the COVID-19 pandemic that will allow the County to adequately continue to respond to COVID-19 including, but not limited to, additional funds for response and economic recovery efforts, as well as resources and efforts to combat health misinformation that undermines our pandemic response and poses a threat to public health. The County will also engage in legislation that bolsters public health infrastructure across all levels of government to adequately prepare for and respond to a future pandemic.

TRANSPORTATION

Improving the transportation network throughout San Diego, while maintaining environmental quality is a high priority for the County of San Diego. The County has seen an increased demand placed on the region's transportation system, which requires balancing the need for road maintenance projects and transit infrastructure to alleviate traffic congestion, environmental impacts, and the degradation of existing roadways. Additionally, increasing zero and low carbon transportation options is an important component for the future of transportation and mobility in the region as they improve fuel economy, lower fuel costs, and reduce emissions. The County will pursue funding opportunities and engage in legislation that provides the necessary resources for our region to maintain and/or improve its transportation network, along with efforts to reduce emissions through green technology, and increases multi-modal transportation opportunities in the unincorporated area.

VETERANS

San Diego County is home to one of the largest concentrations of military personnel in the nation, and it's estimated more than one-third of County residents are connected to the military in some fashion as active duty, veterans, or family members. The County's Office of Military and Veterans

Affairs assists active-duty military, veterans, and their dependents and survivors to obtain federal and state benefits that they are entitled to receive. It also supports the provision of services and supports to the families of active military members in San Diego County. We are also a diverse and dynamic border community with a history enriched by immigrants from many countries and backgrounds. The County will support legislation that fosters the return and naturalization of deported service members that served in our armed forces and military. The County values and honors the service and sacrifice of those that serve in our armed forces, and pursuant to these values, the County will engage in legislation to support our military and veteran community. This includes adequate funding for programs, and appropriate benefits and services for active duty military, veterans, and their dependents.



**County of San Diego
POLICY GUIDELINES
2022 Legislative Program**

GUIDING PRINCIPLES

- Work collaboratively with cities, the State, tribal nations, and binationally with the City of Tijuana, Baja California Norte, and the Country of México.
- Protect the fiscal integrity of the County by stabilizing local government financing to increase funding to local agencies in an equitable manner.
- Ensure equity, transparency, and access for all residents.
- Provide a system/continuum of care that is operationally feasible for the County and benefits the residents of our region.
- Streamline eligibility processes for state and federal programs that will assist with timely processing and ensure benefits get to the clients who need them.
- Support an equitable allocation and distribution of state and federal funding that allows for flexibility and the participation of all jurisdictions throughout California, including San Diego.
- Ensure equitable access to goods or services focused on providing needed resources and programs to underserved communities and vulnerable populations.
- Support the reauthorization of federal bills that benefit the County including, but not limited to, infrastructure, transportation, the Farm Bill (the Supplemental Nutrition Assistance Program), the Temporary Assistance for Needy Families program, the Older Americans Act, the Endangered Species Act and/or the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- Pursue sustainable grant funding at the state and federal level.
- Support a community-based approach to public safety.

POLICY GUIDELINES

I. GENERAL GOVERNMENT

1. Support legislation that allows local, state, or federal governments to streamline operations and business efficiency.
2. Support legislation that includes an equitable allocation and distribution of state and federal funding.
3. Support legislation and/or efforts that recognize the unique characteristics of border areas and the needs for related infrastructure such as ports and ports of entry, transportation related to goods movement, and air and water quality improvements related to cross border pollution.
4. Support legislation and administrative actions that provide consistency between the California code of regulations and State statutes.
5. Support legislation that would eliminate financial and service level maintenance-of-effort requirements.
6. Support full funding of the Payment in Lieu of Taxes (PILT) program.
7. Support legislation that backfills counties' revenue losses and allows for flexibility of revenue backfills to County programs.
8. Support legislation that improves cross-system integration of funding sources.
9. Support efforts to increase transparency in civilian oversight of law enforcement meetings and investigations. (For example: by permitting public case review discussion and allowing documents and information related to investigations of civilian complaints of misconduct, deaths, and other specified incidents under oversight entity jurisdiction to be made public)

A. Equity

1. Support legislation that would strengthen protections and remedies against employment discrimination.
2. Support legislation that would have a positive impact on equity for all.

B. Disaster

1. Support legislation that would provide flexibility and/or increased funding to the San Diego region to prepare, mitigate, respond, and recover from a wildfire, disaster, or emergency.
2. Support legislation that ensures continued funding for local jurisdictions for emergency planning, training, drills, mitigation, and response and recovery activities until all spent fuel is removed from the site of the decommissioned San Onofre Nuclear Generating Station.

3. Support legislation that would remove and relocate outside of the San Diego region the spent nuclear fuel stored at the decommissioned San Onofre Nuclear Generating Station.

C. Economic and Workforce Development

1. Support legislation that would increase access to wealth and/or improved living standards that promotes and sustains diversity, innovation, competition, and entrepreneurship.
2. Support legislation that facilitates the State's engagement with federal small business technical assistance grants.
3. Support legislation that would provide financial incentives and opportunities for films produced in San Diego County.

D. Registrar of Voters

1. Support legislation that promotes a fair, equitable, and engaged voting process.

E. Broadband

1. Support legislation to improve broadband accessibility and affordability in San Diego County and throughout California.

F. Employee and Labor Relations

1. Support full cost recovery for salary, benefits, and administration for all employee relationships.
2. Support legislative and administrative actions that provide adequate training and safety measures to County employees who administer programs.

G. Liability

1. Engage in legislation that protects the County from liability.

H. Local Public Meeting Procedure

1. Support legislation that would improve access to telephonic or remote participation in public meetings and policy making processes.
2. Support legislation and/or actions that improves civil discourse in the governance of open public meetings.

I. Project Delivery Authority

1. Support legislation that gives local governments and agencies greater flexibility to use alternative delivery methods for construction projects.

J. Supporting Working Families

1. Support legislation that promotes living wage jobs with good benefits.
2. Support legislation that protects the right for workers to organize.
3. Support legislation that provides strong workplace safety standards.

K. Immigrant Services

1. Support legislation and/or efforts that provide federally funded immigration solutions and coordination that ensure safe and appropriate shelter and care for families and unaccompanied children, and to minimize health risks to those entering and exiting federal custody.
2. Support legislation that would increase access to legal counsel for Immigrants and Refugees.

II. HEALTH AND HUMAN SERVICES**A. Behavioral Health**

1. Support legislation that promotes funding flexibility in categorical funding for behavioral health services, including in the allocation of Mental Health Services Act (MHSA) funds and realignment funds, to be responsive to data-informed needs.
2. Support efforts to increase accessibility and funding for quality substance use and/or mental health services for children, youth, adults, and families.
3. Support legislation that supports the expansion of Medi-Cal reimbursement for behavioral health services.
4. Support legislation to provide Institutions for Mental Disease appropriate reimbursement rates.
5. Support legislation that promotes the integration of and parity between mental health substance use disorder, and physical health care services, and the provision of care coordination services to support seamless care throughout a person's lifetime.
6. Support for legislation and/or efforts to create an appropriate level of service(s) for substance use disorders along the continuum of crisis to long term managements, especially focused on methamphetamine intoxication.

B. Child Care and Development

1. Support measures that enhance the overall quality, affordability, capacity, accessibility, and safety of early care and education (childcare development) programs.

C. Children and Youth

1. Support legislation that reduces the impact of trauma to children by promoting primary prevention through nurturing relationships and environments, building up protective factors in families, and creating equitable pathways to wellness.
2. Support legislation that increases and supports appropriate temporary shelter care, short- and long-term placements, services, and resource options for children, non-minor dependents, and former foster youth of or at risk of abuse, neglect, or exploitation.
3. Support legislation that increases services and resources for caregivers of children, non-minor dependents, and former foster youth who are victims of or at risk of abuse, neglect, or exploitation.

D. First 5 Commission

1. Support legislation that is consistent with the principles of First 5 San Diego and furthers the support and improvement of the early care and education system and school readiness throughout the county.

E. Issues Affecting Older Adults and Persons with Disabilities

1. Support efforts to increase resources and services available to vulnerable adults who are unable to live independently, or are victims of, or are at risk of abuse or neglect, and the individuals who provide them with care.
2. Support legislation that promotes the sustainability of the In-Home Supportive Services Program through programmatic changes and appropriate cost sharing mechanisms between the State and counties.
3. Support legislation that would prohibit the Department of Motor Vehicles from releasing, with minor exceptions, the addresses and personal information of County employees who perform investigations in their personal vehicles.
4. Engage in efforts that would support programs to assist older adults to age where they choose, including but not limited to transportation access, housing retrofit, assisted living support, access to technology, and end of life care.
5. Engage in legislation that builds a care delivery system that provides effective, reliable, high-quality, and efficient services to frail, older adult residents and adults who are living with a serious illness and/or disability.
6. Support legislation or administrative actions and funding for a Memory Care Unit at the Veterans Home of California in Chula Vista.

F. Maternal Child Health

1. Support legislation that would provide equitable funding in the Title V allocation to California.

2. Support legislation that would aid in the implementation of evidence-based care coordination practices and systems for the whole child within California Children's Services.
3. Support legislation that would maintain or enhance appropriation of State General Fund to Maternal Child Health programs.

G. Medi-Cal

1. Engage in legislation and administrative actions that provides for a Medi-Cal Managed Care System that provides recipients in San Diego County the highest level of care in the least restrictive environment.
2. Engage in Medicaid Waiver applications and/or renewals that improve and build upon San Diego County programs and services.

H. Health Access

1. Support legislation that would expand access to, and provide adequate funding for, health coverage for the uninsured.
2. Support legislation that would simplify the administration of, application for, and enrollment and eligibility processes for health coverage programs.

I. Public Health

1. Engage in legislation to ensure Health Equity is a prioritized component of health-related policy.
2. Support legislation that would increase state and federal funding to support public health services, including communicable disease control and prevention activities, and local public health surveillance activities.
3. Support legislation and administrative actions that restrict the sales of flavored tobacco products.
4. Support legislation that encourages the immunization of children, especially those within communities with low immunization rates.
5. County will identify, prioritize, and advocate for sexual and reproductive health care funding, programs and services that increase access in the region.

J. Edgemoor

1. Engage in legislation that would provide funding and/or streamline regulations for Edgemoor.

K. 2-1-1 Services

1. Support legislation that would provide funding to assist in ongoing operation of a 2-1-1 referral system.

L. Nutrition

1. Support legislation and/or actions that expand access to affordable and nutritious food.

III. PLANNING AND LAND USE

A. General Plans and Land Use Planning

1. Support efforts to simplify, streamline, and improve land use planning, activities, and matters.
2. Protect local control over land-use decisions and flexibility over resources when it makes sense to maintain community character and does not limit housing options for the region. *(For example: protecting local input into the siting of wireless cell towers)*

B. Cooperation with Tribal Governments

1. Support legislation that recognizes tribal sovereignty and encourages mutually respectful relationships between tribal and local governments.

C. Regional Growth Management

1. Support legislation and funding that would ensure or promote socially, economically, and environmentally sustainable regional growth strategies and management.

IV. PUBLIC SAFETY

A. Animal Services

1. Engage in legislation that protects the general welfare and safety of animals.
2. Support legislation that would promote the spaying or neutering and/or microchip identification of animals.

B. Child Support Services

1. Support legislation, budget, or administrative action to adequately fund child support services.
2. Support legislation that promotes flexibility, efficiency, equity, and modernization within the child support program.

C. Justice Programs

1. Support legislation and/or efforts to reduce collateral consequences of criminal convictions upon individuals and families, especially in underserved communities and communities of color.
2. Support legislation that would provide sufficient and sustainable funding from the state and federal governments to expand and maintain offender diversion and reentry collaborative programming, including behavioral health treatment services, service navigation, and housing support for criminal justice offenders with substance use, mental health or co-occurring disorders reentering California communities.
3. Support funding for programs that divert individuals from the criminal justice system.
4. Support efforts to decriminalize behavioral health.
5. Engage in legislation that provides resources and/or support to victims of crime.
6. Engage in legislation that expands programs for the justice-impacted population to attend higher education for traditional bachelor's degrees and adult education programs leading to sustainable employment.

D. Gun Reform

1. Support legislation that furthers gun reforms related to background checks for firearm purchases, budgetary commitments to invest in the communities most impacted by everyday gun violence, and/or new oversight and accountability measures for the gun industry.

E. Emergency Medical Services (EMS)

1. Support legislation and administrative actions to provide funding and policies to improve the EMS/trauma specialty care systems and emergency department facilities.

V. RESOURCES AND ENVIRONMENT**A. Agricultural Services**

1. Pest, Disease, and Weed Management
 - a. Support continued or increased funding for pest, disease and weed management, including research, regulatory pest exclusion, detection and eradication activities, and outreach to detect and limit the spread of invasive pests and weeds.
 - b. Support legislation that would simplify, streamline, and improve pest, disease and weed management, including improved coordination between federal, state and county programs.

2. Pesticide Regulation

- a. Support continued or increased funding for pesticide regulation activities, including education, outreach, compliance assessment activities and data entry.
- b. Support efforts to improve, simplify and streamline pesticide regulation activities, and enforcement.

3. Agricultural Standards: Direct Marketing, Organic, Standardization and Eggs

- a. Support continued or increased funding for regulatory, enforcement, and other activities related to agricultural standards programs that protect consumers and promote equity and quality in the marketplace.
- b. Support legislation to improve, simplify and streamline regulatory, enforcement, and other activities related to agricultural standards programs that protect consumers and promote equity and quality in the marketplace.

4. Bees

- a. Support legislation and funding for regulatory and other activities related to the protection of bees and the beekeeping industry.

5. Weights and Measures

- a. Support legislation and funding for regulatory and other activities related to weights and measures programs and consumer protection.

B. Energy

1. Support efforts to achieve 100% renewable energy and a rapid transition of fuels toward electric and other low-carbon fuel sources.

C. Environmental Health

1. Support legislation and funding that would improve, streamline, and simplify waste management, including but not limited to hazardous, medical, and universal waste, to ensure proper training and handling, disaster and emergency readiness, and the protection of natural resources and the public.
2. Support efforts to improve, streamline and simplify the California Retail Food Code and related food safety law to protect the public, provide flexibility to food facilities without compromising public health, and ensure effective regulation at the state and local level.
3. Support legislation that would improve health and safety at public spas and swimming pools and increase pool operator knowledge.
4. Support legislation that would improve health and safety at body art facilities.
5. Support legislation or funding that would improve health and safety at rental housing and mobilehome parks to protect against substandard housing conditions.

6. Support legislation that would improve the County's ability to limit re-occupancy of a residence that has been determined to have been used in the manufacture of Methamphetamine or Fentanyl until such time as the property owner has performed the necessary clean-up and mitigation for hazardous byproducts.
7. Support legislation that would provide full cost recovery for local radiation health protection programs conducted under contract to assist the State.
8. Support legislation that provides funding for environmental reporting information systems and funding for the information exchange requirements or modifications that require local data systems to be modified to connect and transmit information to state's data systems.
9. Support state and federal funding and efforts to address and eliminate untreated sewage, trash, and sediment that originates from across the U.S.- Mexico border.
10. Support legislation that would provide funding for surveillance, control, or outreach to limit the spread of the invasive Aedes mosquitoes which are capable of transmitting diseases, such as Zika, dengue and chikungunya.
11. Support legislation that directs increased State Office of Environmental Health Hazard Assessment testing of fish for the presence of contaminants in coastal and inland waterbodies and/or provides funding for local public notification when fish consumption is not safe.

D. Historical and Cultural Preservation

1. Support legislation and funding for the preservation of historical and cultural resources.

E. Land and Water Conservation Fund

1. Support continued or increased funding for the Land and Water Conservation Fund, including increases to the state and local share of funding.

F. Offshore Oil Drilling – Outer Continental Shelf

1. Oppose offshore oil drilling and/or efforts that would allow offshore drilling off the coast of California.
2. Support legislation and/or administrative action that provides for petroleum-based monitoring of offshore oil drilling.

G. Parks and Recreation

1. Support legislation and funding that would promote and protect outdoor recreation, including but not limited to the development and maintenance of parks, construction of recreational facilities, implementation of recreation programming, and the preservation and restoration of natural resources.
2. Engage in legislation to ensure funding streams for parks and recreation associated with the development of housing are protected.

3. Support legislation that would expand the list of advisory panels established by the San Diego River Conservancy to administer the San Diego Rivers Watershed Consortium Program to include those watersheds not previously included.

H. Water Availability and Resources

1. Support legislation and funding that would improve affordability, availability and reliability of water, potable reuse, and/or protect water resources in the region and throughout California.
2. Support legislation and funding for drought mitigation and response that would ensure flexible and effective implementation at the local level, if applicable.

I. Watershed Planning and Water Quality Management

1. Support legislation that would provide funding for drainage improvement, flood control and hazard mitigation projects, green stormwater infrastructure, and related programs to protect life and property from the impacts of flooding.
2. Engage in legislation and administrative actions that ensure water quality is protected, and that federal, state, and local regulations, requirements, and policies are aligned.

J. Wildlife Preservation – Habitat Protection

1. Support legislation and funding for preservation, conservation, and restoration efforts, including but not limited to land management, monitoring, and maintenance activities, that protect biological and wildlife resources.
2. Support efforts to develop, implement, and fund mitigation plans and/or projects to address the trash and debris flowing downstream into the Tijuana River Valley.

VI. TRANSPORTATION AND PUBLIC WORKS

A. Airports

1. Support legislation and funding for airport and aviation programs that promote safe, secure, and efficient airport operations, air traffic control and aircraft piloting.

B. Regional Wastewater System Improvements

1. Support legislation and funding to improve, streamline, and simplify local wastewater systems, programs, projects, and related wastewater management activities.

C. Solid Waste

1. Support legislation and funding to improve, streamline, and simplify solid waste planning, disposal, diversion, and recycling activities.

D. Transportation

1. Support legislation to improve, streamline, and simplify local transportation planning, projects, and related activities, such as maintenance, rehabilitation, and new construction.
2. Support legislation that provides flexible, sufficient, and equitable state or federal transportation funding, without affecting funding sources of other county projects, and/or protects existing state, federal and local transportation funding.
3. Support State efforts to prevent suicides on the Coronado bridge, as well as measures to address issues of speeding, debris, guardrails, and wrong-way accidents.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 7, 2021

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TO: Board of Supervisors

SUBJECT

**RECEIVE REPORT ON THE SAN PASQUAL ACADEMY AND TAKE ACTION ON
SAN PASQUAL ACADEMY OPTIONS (DISTRICTS: ALL)**

OVERVIEW

On February 8, 2021, the County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS) was notified by the California Department of Social Services (CDSS) that the San Pasqual Academy (the Academy) three-year Pilot Project and supporting Memorandum of Understanding (MOU) to continue the Academy's on-going operation would terminate effective October 1, 2021 rather than December 31, 2021. It was stated that this was because the Academy's current educationally based residential program is not an allowable model for foster care under the Family First Prevention Services Act and State Continuum of Care Reform (CCR) legislation. Then, on March 16, 2021 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer (CAO) to request an extension from CDSS for the current MOU for the Academy through June 30, 2022. Subsequently, on May 3, 2021, CDSS replied with an offer to grant an extension to the term of the MOU, to coincide with the end of the 2021-22 school year subject to several conditions. On May 18, 2021 (30), the Board directed the CAO to enter into an agreement with CDSS for an extension through June 30, 2022. Consequently, all of the Academy operations and services would terminate effective July 1, 2022.

On May 18, 2021 (30), the Board also directed the CAO to have appropriate staff available to meet with all interested partners of the Academy including New Alternatives, CWS staff, San Diego County Office of Education, and Access Inc. through the support of the Workforce Partnership on ways to expand the use of the Academy campus. Additionally, CDSS' approval of the MOU extension required CWS to continue to engage youth, stakeholders, and the community to explore other potential alternative options for the Academy campus. As a result of engaging stakeholders most impacted by the Academy's impending discontinued operations, a report was completed summarizing the community input gathered with an emphasis on common and divergent themes and ideas for potential uses of the Academy campus. Today's actions request the Board to receive the report titled "Re-envisioning San Pasqual Academy", receive the options for the San Pasqual Academy and determine the course of action for the San Pasqual Academy campus. This action supports the County's *Live Well San Diego* vision and the Framework for our Future by providing comprehensive services and supports focused on improving equitable outcomes for children and

SUBJECT: RECEIVE REPORT ON THE SAN PASQUAL ACADEMY AND TAKE
ACTION ON SAN PASQUAL ACADEMY OPTIONS (DISTRICTS: ALL)

youth interacting with the child welfare system and ensuring transparency, open government and a participatory approach to best serve the needs of our diverse communities.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the report titled "Re-envisioning San Pasqual Academy".
2. Direct the Chief Administrative Officer to pursue one of the three proposed options for the transformation of the San Pasqual Academy campus and authorize supporting actions:

Option 1: Transition the San Pasqual Academy campus to a multipurpose continuum of care campus serving a diverse variety of foster youth, including youth at risk of or victims of human trafficking and pregnant/parenting youth, in alignment with the Family First Prevention Services Act and the California Continuum of Care Reform requirements, to include a Temporary Shelter Care Facility, Resource Family homes, Short-Term Residential Therapeutic Program, Intensive Crisis Programs, and a transitional housing program for youth exiting foster care. If the San Diego County Board of Supervisors chooses option 1, then take the action as recommended in 1-A.

1-A In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to enter into negotiations with San Diego County Office of Education and upon a determination of a fair and reasonable price, amend contract number 564834 to include education services and support and increase the annual contract maximum to an amount not to exceed \$2.7 million per contract year, subject to the availability of funds; and to amend the contract as required to reflect changes in services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

Option 2: Utilize the San Pasqual Academy campus to meet alternate priority needs for populations identified by the focus groups such as unaccompanied minors, youth interacting with the juvenile justice system, adults and families at-risk of or experiencing homelessness, refugees, veterans, and families needing housing and at-risk of entering the child welfare system. If the San Diego County Board of Supervisors chooses option 2, then take the action as recommended in 2-A.

2-A Direct the Chief Administrative Officer to develop a plan for utilizing the campus for one or more of the identified populations.

Option 3: Transition the San Pasqual Academy campus to support both a multipurpose continuum of care campus serving a diverse variety of foster youth as indicated in Option 1 and youth populations identified in Option 2 to include unaccompanied minors and youth interacting with the juvenile justice system. If the San Diego County Board of Supervisors chooses option 3, then take the action as recommended in 1-A and 3-A.

SUBJECT: RECEIVE REPORT ON THE SAN PASQUAL ACADEMY AND TAKE ACTION ON SAN PASQUAL ACADEMY OPTIONS (DISTRICTS: ALL)

- 3-A Direct the Chief Administrative Officer to develop a plan for utilizing the campus for one or more of the identified youth populations in Option 2 to include unaccompanied minors and youth interacting with the juvenile justice system.

EQUITY IMPACT STATEMENT

San Pasqual Academy (the Academy) opened in 2001 to meet the unique needs of adolescent youth in the foster care system (and subgroups within) through a residential education environment that promotes independence and self-sufficiency while focusing on completing high school, preparing for the world of work, practicing independent living skills and developing relational permanency. Through a unique partnership of public and private agencies, foster youth ages 12-17 years and non-minor dependents (NMDs) up to age 19 are provided with a seamless delivery of residential, education, work readiness and child welfare case management services. The collaboration increases efforts to maximize racially equitable community outcomes by ensuring all youth at the Academy have increased access to health and wellness opportunities, develop life-long connections, and broaden educational horizons.

Over the last five years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families, resulting in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and reduce the reliance on and use of congregate care. In light of these changes, effective July 1, 2022, the Academy can no longer operate under its current model.

With an equity and empowerment lens, CWS initiated a participatory process to identify the next steps for the Academy campus in partnership with The Children's Initiative and Harder+Company Community Research. This partnership allowed an independent third-party to engage with individuals most impacted by the Academy's impending closure to obtain an objective assessment of youth's experiences at the Academy. The partnership also provided opportunities and a platform for youth, stakeholders and community partners to provide input and develop proposals for the next phase of planning and decision making that will provide maximum community impact. In August and September 2021, seven key stakeholder focus groups were completed with former foster youth, partners of the Academy, community partners and the Child and Family Strengthening Advisory Board of San Diego County and the Foster Alumni and Youth Community Empowerment Subcommittee (FAYCES), relative caregivers and resource families, Foster Family Agencies, Short-Term Residential Therapeutic Program (STRTP) providers, Transitional Housing providers, CWS staff, and legal and county partners.

Proposals gathered for the Academy campus have the capacity to support diverse populations, positively impact communities, and advance the racial equity work in San Diego County. CWS will maintain a participatory approach and continue to engage the community and strategically plan for inclusive outreach through the various phases and processes, aligned with the determined vision for the Academy campus.

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FISCAL IMPACT

The County of San Diego Health and Human Services Agency (HHSA) will determine the fiscal impact and funding needs for the transformation of San Pasqual Academy once specific direction from the San Diego County Board of Supervisors (Board) is received on which of the three options to pursue. The funding sources will include Title IV-E federal funding, federal Short-Doyle Medical funding, Realignment, and General Purpose Revenue. HHSA will also look to incorporate and utilize new federal and State funding available with the implementation of Family First Prevention Services Act. If needed, HHSA will return to the Board to bring forward recommendations for implementation and resource needs based on the Board's direction of which option to pursue. The amount of Realignment and potential request for General Purpose Revenue will vary based on the direction of the Board.

If Option 1 or 3 are directed by the Board, the following fiscal impact is applicable to support Option 1-A – Amend the Contract with the San Diego County Office of Education:

If the Board selects Option 1 or Option 3, this will require approval of Option 1-A to amend the contract with the San Diego County Office of Education to retain necessary educational team in San Pasqual Academy. The current contract is approximately \$1.0 million and requires a one-time increase for Fiscal Year 2022-23 of up to \$1.7 million to be added for a contract total up to \$2.7 million. Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in HHSA. If approved, this will result in no change in costs and revenues in Fiscal Year 2021-22 and estimated costs and revenue of \$2.7 million in Fiscal Year 2022-23. The funding source is Realignment. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on November 5, 2021.

BACKGROUND

San Pasqual Academy (the Academy) opened in 2001 and is a first-in-the-nation residential education campus designed to meet the unique needs of adolescent youth in the foster care system and to prepare them for self-sufficiency upon exiting care. Over the last five years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families, resulting in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and reduce the reliance on and use of congregate care.

On February 8, 2021, the County of San Diego (County) Health and Human Services Agency (HHSA), Child Welfare Services (CWS) was notified by the California Department of Social Services (CDSS) that the Academy three-year Pilot Project and supporting Memorandum of Understanding (MOU) to continue the Academy's on-going operation would terminate effective October 1, 2021 rather than December 31, 2021. It was stated that this was because the Academy's current educationally based residential program is not an allowable model for foster care under the

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Family First Prevention Services Act (FFPSA) and State Continuum of Care Reform (CCR) legislation. Then, on March 16, 2021 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer (CAO) to request an extension from CDSS for the current MOU for the Academy through June 30, 2022. Subsequently, on May 3, 2021, CDSS replied with an offer to grant an extension to the term of the MOU, to coincide with the end of the 2021-22 school year subject to several conditions. On May 18, 2021 (30), the Board directed the CAO to enter into an agreement with CDSS for an extension through June 30, 2022. Consequently, all of the Academy operations and services would terminate effective July 1, 2022.

On May 18, 2021 (30), the Board also directed the CAO to have appropriate staff available to meet with all interested partners of the Academy including New Alternatives, CWS staff, San Diego County Office of Education, and Access Inc. through the support of the Workforce Partnership on ways to expand the use of the Academy campus. Additionally, CDSS' approval of the MOU extension required CWS to continue to engage youth, stakeholders, and the community to explore other potential alternative options for the Academy campus. In August and September 2021, CWS partnered with The Children's Initiative and Harder+Company Community Research (Harder+Company) to conduct seven key stakeholder focus groups and engage communities impacted by the Academy closure to contribute input on alternative options and proposals for the Academy. Focus groups were completed with former foster youth, partners of the Academy, community partners and the Child and Family Strengthening Advisory Board of San Diego County and Foster Alumni and Youth Community Empowerment Subcommittee (FAYCES), relative caregivers and resource families, Foster Family Agencies, Short-Term Residential Therapeutic Program (STRTP) providers, Transitional Housing providers, CWS staff, and legal and county partners. As a result of engaging stakeholders most impacted by the Academy's impending discontinued operations, a report was completed summarizing the community input gathered with an emphasis on common and divergent themes and ideas for potential uses of the Academy campus.

Current Operations at San Pasqual Academy

In order to comply with the MOU extension with CDSS, no new placements can be made at the Academy and Child and Family Team meetings (CFTM) must occur to address placement strategies and behavioral and mental health needs of the youth. On June 1, 2021, there were 72 youth placed at the Academy and since that date:

- 29 transitioned to a home-based setting (family, relative, resource family), out of county college housing, transitional housing programs, supervised independent living placements, or required detention at the A.B. and Jessie Polinsky Children's Center (PCC) or Juvenile Hall due to behavioral concerns;
- 52 CFTMs were completed; and
- 14 youth graduated high school.

As of November 17, 2021, 43 youth are placed at the Academy and of that number, 11 are anticipated to graduate high school in June 2022. CFTMs continue to take place for these youth in order to develop individualized placement strategies and identify appropriate placement alternatives as the Academy transitions to align with federal and State regulations. Likewise,

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stakeholder engagement efforts continue through interactions with FAYCES, CFSAB and the Child and Family Services subcommittee.

Re-envisioning San Pasqual Academy

In October 2021, Harder+Company completed a report titled *Re-Envisioning San Pasqual Academy* that summarizes the feedback of seven key stakeholder groups on re-envisioning the Academy campus. The report provides HHSA and the Board with information from which to make decisions about the future of the Academy campus. Focus group participants prioritized the suggested use of the Academy campus to be used as any of the four qualified settings under FFPSA but also identified other possible populations that can benefit from the use of the Academy campus.

Continuum of Care Campus for Foster Youth

FFPSA allows the following four types of congregate care settings to serve foster youth:

- A Qualified Residential Treatment Program (similar to an STRTP in California) – licensed and accredited facility with nursing and clinical staff available 24 hours, 7 days a week; placement requires a mental and behavioral health assessment from a Qualified Individual;
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth;
- A setting providing high quality residential care and supportive services to youth who have been found to be, or are at risk of becoming sex trafficking victims; and
- A supervised setting in which a youth 18 years of age is living independently.

Additionally, CCR allows for Temporary Shelter Care Facilities (TSCF) that provide 24-hour non-medical care for up to 10 calendar days for children and youth under 18 years of age who are removed from their home when they can no longer safely remain with their family of origin due to abuse, neglect and/or abandonment. Polinsky Children's Center (PCC) is a County-operated short-term emergency shelter administered by CWS. PCC is a licensed TSCF as of August 3, 2018 and provides physical and mental health services, medication support, and crisis services to all youth entering the facility and throughout their length of stay. In Calendar Year 2020, 218 unduplicated youth entered PCC from North San Diego County alone. The inclusion of a TSCF as a component of the multipurpose campus will allow youth residing in North San Diego County needing emergency shelter to remain in close proximity to their families, communities and natural support systems.

Currently, CWS has 30 pregnant and parenting youth who could benefit from additional individualized programming focused on enhanced resources and supports that can help youth turn challenges into protective factors. Furthermore, CWS and the San Diego County Probation Department (Probation) serve youth identified as victims of or at risk of human trafficking. Presently, CWS has identified 59 youth as victims of human trafficking and Probation is serving 13 youth through the RISE Court.

Under FFPSA, there is concern that STRTPs with more than 16 beds will be classified as an Institution for Mental Diseases and will no longer be eligible for Medicaid funding. Consequently, some facilities may need to reduce their capacity to 16 beds or less. CWS currently contracts with nine STRTP providers, four of which have more than 16 beds. Adding STRTP beds as a component

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to the multipurpose campus would allow CWS to maintain the capacity to serve youth in San Diego County who need the treatment provided in this higher level of care program.

The focus groups identified the alumni supports at the Academy as an essential part of what has been important to the success of the Academy. CWS provides multiple transitional housing programs (THP) designed to support independence and the various transitional needs of non-minor dependents in foster care and former youth ages 18-24 years. The inclusion of a THP component maintains the connection for youth who lived on campus while receiving the supports and services they need to advance their goal of self-sufficiency and successfully transition into adulthood.

With the four types of congregate care settings allowable under FFPSA and the TSCF licensing category allowable under CCR, San Diego County is well positioned to develop a robust and innovative continuum of services and placement options to benefit as many foster youth as possible, meet the diverse needs and complex challenges of youth, and accelerate enhanced wellbeing and permanency.

In support of innovative models of care and program services to address individual needs and strengths of youth, California Assembly Bill (AB) 2944 allows counties to develop alternative models of care in order to serve youth with specific and complex needs. More recently, AB 153 makes available funding opportunities to support new or expanded programs, services, and practices that build system capacity and ensures the provision of a high-quality continuum of care designed to support youth in foster care. One area of need in San Diego County is to provide intensive crisis programs inclusive of short-term crisis stabilization, highly individualized therapeutic intervention, and specialized programming for youth experiencing mental health crises that may or may not require inpatient treatment. Intensive crisis programs will build the County's capacity to provide a high-quality continuum of care to meet the needs of all youth, including those with complex or specialized needs.

With the legislative support and funding opportunities, transitioning the Academy campus to a home-like multipurpose community will extend the successful outcomes of the Academy to a broader and more diverse population of foster youth. Resource family homes are home-based family care settings and provide a lower-level placement option for foster youth in out-of-home care. As such, they are the preferred placement option for foster youth under both FFPSA and CCR, as compared to congregate settings. Resource parents are trained and approved to provide temporary and permanent care to youth. Resource parents can also be specifically trained and certified to provide intensive services above a standard resource home to youth who have a higher level of need and can be safely cared for in a home-based setting. Including resource family homes as a component of the multipurpose continuum of care campus will provide opportunities for youth to step down from higher levels of care and placement into a less restrictive home-based family-like setting that can accommodate sibling placements.

A multipurpose continuum of care campus will increase foster youth access to services in an educational/vocational setting, provide supportive services and programs for pregnant or parenting youth and youth who are victims of or at risk of sex trafficking, support youth needing emergency and temporary care, and offer a lower level of care in a resource family home with capacity to accommodate siblings, transitional housing, a higher level of care and treatment such as an STRTP,

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and Intensive Crisis Programs in more acute treatment settings. The multipurpose continuum of care campus will include approximately:

- 16 beds for TSCF
- 6 Resource Family Homes
- 35 homes for THP
- 16 beds for STRTP
- 16 beds for Intensive Crisis Programs

The capacity of the diverse components of the multipurpose continuum of care campus and provision of a variety of supports and services are contingent on the procurement and licensing process and recruitment outcomes. The continuum of treatment, services and placement options upholds the uniqueness of the Academy and will continue to provide youth in foster care with the environment, resources, and services that the Academy youth and alumni benefited from. Maintaining the campus in this way will allow for many of the extracurricular activities, support from the San Pasqual Academy Neighbors (SPAN) grandparents program, and other supportive services to remain intact while serving a new population of foster youth.

To continue the benefits of an educational setting on campus, CWS is requesting to retain the services of existing San Diego County Office of Education staff at the Academy for Fiscal Year 2022-23 to ensure readiness and immediate availability to provide educational services and supports to youth when program components are implemented. If approved, San Diego County Office of Education staff will continue to work directly with youth who transition from the Academy and youth in foster care placed in an STRTP who need independent study and extra educational supports for Fiscal Year 2022-23 until the campus is operational. Without this action, education services and supports are set to end on June 30, 2022.

Alternative Use for Populations Other Than Foster Youth

Alternatively, utilizing the Academy campus to benefit priority needs for the greater San Diego region will expand positive community opportunities, impact and outcomes. The Academy campus has the capacity to provide housing and supportive services to populations other than youth in the child welfare system. Populations that can also benefit from use of the Academy campus include unaccompanied minors and youth interacting with the juvenile justice system. Additionally, the opportunity exists to bolster County efforts in preventing and addressing homelessness. Other populations that have the potential for positive impact include adults and families at-risk of or experiencing homelessness, refugees, veterans, and families needing housing and at-risk of entering the child welfare system.

The Academy is a model that has demonstrated positive outcomes for youth in foster care, including a high graduation rate from high school, a high percentage of youth enrolling in post-secondary education, and maintaining ongoing support and connections for alumni. The re-imagination and vision for potential alternative options for the Academy campus allows continued opportunities to maintain a sense of uniqueness and inclusive community for San Diego residents. The implementation of any determined option will require a staged approach to support additional planning and outreach with the community, a comprehensive fiscal analysis, identification of funding streams, and licensing and procurement processes. Today's actions request the Board to

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receive the report titled “Re-envisioning San Pasqual Academy”, receive the options for the San Pasqual Academy and determine the course of action for the San Pasqual Academy campus.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed action supports the Healthy Families and Safe Communities initiative of the County of San Diego’s 2021-2026 Strategic Plan, as well as the County’s *Live Well San Diego* vision and the Framework for our Future by providing comprehensive services and supports focused on improving equitable outcomes for children and youth interacting with the child welfare system and ensuring transparency, open government and a participatory approach to best serve the needs of our diverse communities.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "H. Robbins-Meyer", is written over a light blue rectangular background.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A: *Re-Envisioning San Pasqual Academy* Report

October 2021

Re-Envisioning San Pasqual Academy

Stakeholder Focus Groups Summary

This report summarizes the feedback of seven key stakeholder groups on re-envisioning the San Pasqual Academy campus.

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Introduction

San Pasqual Academy (SPA) opened in 2001 in Escondido, California, and is first-in-the-nation residential education campus designed specifically for foster youth. SPA serves as a placement option for dependents of the Juvenile Court between 12-17 years old, and Non-Minor Dependents (NMDs) up to age 19 years old. On-site services are provided through a public-private partnership between the County of San Diego, New Alternatives, Inc., San Diego County Office of Education, and Access, Inc.

After the passing of AB403 requiring changes to the use of congregate care in California, SPA was approved by the California Department of Social Services as a three-year pilot project in 2018. It provides a stable, long-term placement with linkages to transitional housing and post-emancipation services. The Academy offers a comprehensive support system for the youth, using a trauma-informed care lens, including individualized education, independent living skills, work readiness training, therapeutic services, extra-curricular and enrichment activities, family connections and relational permanency.¹

Over the last five years, federal and state legislation have significantly shifted the statutory requirements for keeping children safely with families, resulting in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and requiring the reduction in use of congregate care.

In February 2021, San Diego County Child Welfare Services (CWS) was notified by the California Department of Social Services that the SPA three-year pilot project and supporting Memorandum of Understanding to continue SPA's operation would terminate effective October 1, 2021. Additionally, there will no longer be federal Title IV-E funding authority to operate SPA, because it does not meet the requirements to be a therapeutic placement setting outlined in the federal requirements under the Family First Prevention Services Act (FFPSA).

In the Spring of 2021, San Diego County requested and was granted an extension to allow SPA to function in its current capacity until June 2022. As that end date approaches, and the use of SPA will have to change, San Diego CWS and Board of Supervisors are gathering input as to the potential next iteration of the SPA campus.

- Re-Envisioning San Pasqual Academy

ATTACHMENT A

Purpose of this Report

Harder+Company Community Research (Harder+Company) works with public sector, philanthropic, and nonprofit clients throughout California to reveal new insights about the nature and impact of their work. We have specific expertise in facilitating conversations with diverse stakeholder groups to come to shared understandings and work towards common goals.

The Children's Initiative engaged Harder+Company in July 2021 to conduct focus groups with seven key stakeholder groups to gather their feedback on potential future uses of the San Pasqual Academy (SPA) campus and produce a report synthesizing this feedback for San Diego County Child Welfare Services (CWS) and The San Diego County Board of Supervisors (BOS).

Our goal in producing this report is to authentically convey the opinions, experiences and ideas of the key stakeholder groups that participated in focus groups and to provide CWS and the BOS with timely information from which to make decisions about the future of the SPA campus.

Overview of the Feedback Gathering Process

Harder+Company conducted virtual focus groups via Zoom with seven key stakeholder groups that were invited to participate in the feedback process by The Children's Initiative. The focus groups each lasted between 1.5 and 2.5 hours and were facilitated by a team of 3-4 Harder+Company staff. Each focus group had between 8-25 participants; across all groups about 85 total stakeholders participated. The stakeholder groups included:

- Relative and Resource Families
- San Pasqual Academy Partners
- FFA, STRTP and Transitional Housing providers
- Community Partners and the Children and Family Strengthening Advisory Board (CFSAB)
- County and Legal Partners
- Child Welfare Services (CWS)
- San Pasqual Academy Alumni (2 groups)

Focus group participants were asked to share their ideas for the future use of SPA as well as environment, service, and other considerations if SPA was to be used as one of four qualified settings under the Families First Prevention Services Act (FFPSA):

- A qualified residential treatment program (Q RTP) for foster youth;
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth;
- A supervised setting for youth who have attained 18 years of age and are living independently;
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

The sessions concluded with participants prioritizing their suggested uses of the SPA campus.

Following the completion of all focus groups, we analyzed the data. In our analysis of the focus group conversations, we looked for common and divergent themes and ideas both within and across groups. For more detail on the focus group process, see Appendix A.

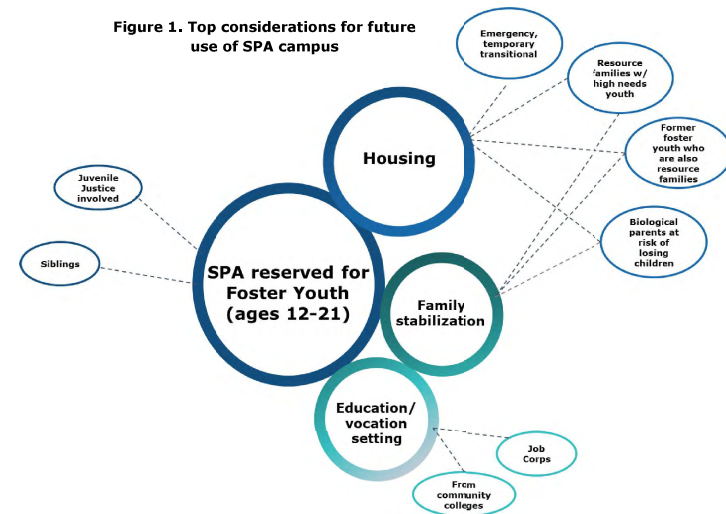
Click **HERE** for Full Document

¹ [Child Welfare Services: San Pasqual Academy](#)

The following report provides a high-level overview of key takeaways including the most mentioned uses of SPA, highlights from each stakeholder focus group, and key services for each of the four federally qualified populations. The report provides a qualitative overview of the perspectives and experiences of SPA Alumni and concludes with key considerations for decision makers as they determine the future of the SPA campus. Details of the focus groups from which results were culled for this report are presented in Appendix B.

Top Line Highlights

Across all stakeholder groups who participated in focus groups, there was overwhelming agreement that the San Pasqual Academy (SPA) campus should be prioritized to benefit as many foster youth as possible. The opportunity to leverage the housing on campus was a consideration for many stakeholder groups. Other common ideas across groups were the use of SPA for family stabilization and using SPA as an educational/vocational site. Figure 1 below illustrates the four, top mentioned suggestions across focus groups with their relative importance indicated by the size of their circle. The smaller, outer circles include additional context about the key highlight as well as the interplay and potential synergy between highlights. See Appendix B for a summary of results by stakeholder group.



There was mixed feedback from stakeholder groups about whether it was a good idea to have multiple subpopulations of foster youth on the campus at the same time (e.g. survivors of sex trafficking, parenting foster youth, 18+ foster youth and foster youth in a QRTP setting). Some expressed concerns about having these populations living together on the same campus and for the ability of one campus to meet their diverse needs. Others, including some of the SPA alumni, saw it as artificial to think of these groups as separate or different when there is actually significant overlap between them. Some SPA alumni were concerned that separating these groups on campus would detract from the sense of community that was so important at SPA.

Service Considerations at SPA

Regardless of the population of foster youth San Pasqual Academy (SPA) will serve in the future, stakeholders named universally important services that should be offered on campus. Services such as high-quality education, mentorship, mental health services, substance abuse counseling, and family finding engagement were all cited as especially important.

Across all focus groups, participants shared that the environment at SPA should retain a home-like setting that does not have a clinical or institutional feel. Focus group participants shared details about the home-like setting on campus, from having actual family or resource families onsite, to ensuring that there are opportunities for family-like outings.

Participants also expressed overwhelming agreement on a set of standard services that should be provided regardless of the subpopulation, though the participants shared different details of these services:



Education services. The size of the SPA campus is optimal for being a dedicated education setting or vocational training site. The isolated location is also free from distractions so that students can stay focused. Onsite high-quality education or coordination with teachers at the off-site schools that serve the foster youth must be offered. Suggestions include college preparation, vocational coaching and career planning.



Mentorship services. High-quality mentorship from peers or older, parent or grandparent-like figures have been a significant support for SPA alumni. Mentor experiences offer support and expert guidance about independent living and life outside of the child welfare system. Stakeholders see mentorship as a key service component at SPA in the future.



Mental health services. Foster youth should have accessible, onsite mental health support from highly-qualified professionals that are trained in trauma-informed care. SPA Partners and Relative and Resource Families suggested that youth should also have access to therapists that are independent from the onsite mental health team. While high-quality mental health services should be available for any population of foster youth at SPA, they were cited as particularly important for youth in a qualified residential treatment program (QRTP). In addition, wellness services (e.g., yoga and meditation) and somatic and nonclinical therapy (e.g., equine and art therapy), were also suggested.



Substance use counseling. Counseling for substance use should be offered for any foster youth populations at the SPA campus, as it is a condition that many different sub-populations of foster youth face. Extra consideration should be taken to ensure that foster youth are offered substance use counseling that is trauma-informed and culturally competent.



Healthcare services. Onsite or 24/7 access to medical providers should be provided to all foster youth. This is especially important for pre-natal or postpartum youth and QRTP subpopulations.



Access to family. Services that facilitate access to visits with a foster youth's family to maintain connections and that supports family-finding for foster youth were considered paramount for all potential future foster youth populations at SPA.



Independent living skills. All foster youth populations could benefit from services that teach independent living skills, but this service was especially identified as necessary for the 18 and older population. Many participants cited financial literacy, vocational training, and conflict resolution as part of a skillset important for all populations. Other examples include cooking classes and rental assistance.



Transportation services. While ideal for an educational setting, the location and isolation of the SPA campus came up as a barrier in nearly all focus groups. It is a particular challenge for groups of foster youth that would need their own vehicles to get to and from work or that need to be close to services or family in San Diego's urban center. There is also concern that families without transportation would struggle to visit foster youth located at the site.

Qualified Settings under FFPSA

While the previous section describes universal service recommendations for any foster youth population that may occupy San Pasqual Academy (SPA) in the future, there were also special considerations for the four qualified settings under FFPSA. Table 1 below shows additional services and considerations that were cited for each potential qualified setting.

Table 1. Special services by FFPSA qualified setting

Qualified Settings	Services Needed
Qualified Residential Treatment Program (QRTP) for foster youth	<ul style="list-style-type: none"> • Collaborations with schools, clinicians, and emergency responders
Setting specializing in providing prenatal, post-partum, or parenting supports for youth	<ul style="list-style-type: none"> • Onsite childcare • Parenting classes • Relationship coaches • A parenting or peer coach who mentors moms throughout the prenatal, post-partum and parenting stages • Private living spaces • Place to practice healthy family dynamics by letting partners live together; allowing mothers and fathers to raise children together and co-parent
A supervised setting in which a youth who has reached 18 years of age is living independently	<ul style="list-style-type: none"> • Vehicle or transportation stipend/assistance • Career, technical education, certificate programs. These services are not currently funded by the County and could be enhanced with appropriate funding
A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking survivors	<ul style="list-style-type: none"> • On campus security • Collaboration with law enforcement • Mentorship programs (with former CSEC)

If SPA had to be used for populations other than foster youth, stakeholders recommended populations such as unaccompanied minors and youth in the juvenile justice system. They also considered adult populations in need of housing and services, like families experiencing homeless, refugees, veterans, and families at risk of entering the dependency system. SPA is also ideal for family retreats, vocational training or educational purposes.

Foster Youth Voice: Centering the Lived Experience of Foster Youth in SPA's Future

Twenty years ago, San Pasqual Academy (SPA) was established with the direct feedback of foster youth. Now, as the County considers the future of SPA, the voice and experience of foster youth is again of critical importance. Our study included two points of contact with former foster youth to ensure their experiences are fully considered in the County's decision for the future use of SPA. While the current study strove to hear from, represent, and balance the voice of various stakeholders who have insights for SPA's future, it is critical that the County fully consider, if not center, its decisions on the experience of foster youth. This section highlights former foster youth experiences at SPA and insights of what should be considered for the potential culture, environment, physical space, and services on campus to best serve foster youth in the future.

Before we present the results, it is first important to acknowledge SPA Alumni's frustration and disappointment with the state and federal legal decisions that define who can benefit from SPA:

"I think a lot of kids within each of those [federally legislated subpopulations] are already at SPA. That's what I don't understand. I haven't had the opportunity to wrap my brain around the concept of the whole why SPA's disappearing. 'It's short-term, long-term....' blah, blah, blah whatever it is. The fact is, is it becomes of home for a lot of these individuals."

SPA Alumni uniformly felt that SPA should continue to serve foster youth. While a few responded to the question about "what other uses could the SPA campus serve" with ideas of a retreat center for nonprofits, a training center for social workers, and even renting out the NFL sized football field to a sports team to bring in revenue, they were largely disheartened and upset that SPA is changing. "It just feels like it's regressing" one foster youth mourned, "when this kind of care is giving us some sort of chance, some sort of normalization to us, not to grow up so institutionalized."

Foster Youth Experience at SPA

While the FFPSPA legislation does not allow SPA to continue in its current form and format, former foster youth identified five core features that should be integrated into future use of SPA. These observations are of utmost importance in part because alumni have the benefit of hindsight- being able to pinpoint the most and least helpful elements of their time at SPA.

- **The home environment.** The SPA campus homes, with house parents, and other youth, were regularly noted as a critical feature of their experience. Homes replicated a true home experience and when coupled with a caring house parent, and made an indelible, positive impression on youth. Thinking back on their house parent, on participant shared:

"She was a very mother-like figure towards me. She was very on top of us, which was good. It gave us structure and how to keep our rooms clean and how to do chores. How to wash the dishes and do our laundry, and stuff like that."

Foster youth noted the importance of a stable, positive, adult role model in their lives in the context of homes on the campus.

- **The unique and lasting quality of the SPA community.** SPA also was noted as having the unique opportunity to build a community amongst foster youth with shared experiences. Many noted that the youth on the campus became "like a family" to one another and provided an inner circle of support that can only come from those who have lived similar experiences.

"Everything was close and all your friends that you had around you were going through the same thing that you were going through. You didn't have to 'fake it until you made it.' Because they were all foster kids and going through the same thing- losing parents

or getting taken away from your parents. That was also what made us closer, 'cause you didn't have to fake it."

"We all get along, or you don't get along. But in the end, we're all like family. If somebody passes away, who's there? We are. We're all there for each other because we grew up together. We all have this same experience. We all know what 'it' is. So I just feel like [SPA] became like just a different definition of family, but we're all family."

The carryover of these close ties from SPA into adulthood was palpable in the focus groups. SPA Alumni members share a common bond through shared experience, keeping in touch long after they left the SPA campus. This tie has provided a unique strength and center of support even to this day.

- **Keep siblings together.** Participants with siblings were vocal about the importance of SPA in keeping them together. Resource families do not always have the space to accommodate siblings, and as a result, they can be separated causing additional loss and trauma. Former foster youth said that while they may not always have been in the same house as their siblings at SPA, they saw them regularly on campus and were able to maintain that critical relationship in an uncertain time of their lives.
- **Retain the low barrier to service model.** Many former foster youth noted that having services centralized on the SPA campus provided ongoing, timely access to needed services. Therapy, social services, health and education were all in one place, which reduced barriers to services for youth in crisis or experiencing trauma.

"I could go see my county social worker and also take a five-minute walk and see my clinician. There was also a nurse's office or station... I personally have diabetes, so I always needed healthcare resources. I could walk up there at any time. It was just like really easy and accessible. I found like that really beneficial for my development."

"If I needed anything I could go and be able to talk about it, or get things settled instead of waiting. 'Okay, well I got to wait this month' or 'Oh, my social worker didn't show, up now I got to wait next month. Hopefully they come.' That type of uncertainty wasn't there. Just having that support and that dependency."

"You didn't feel like you had to go hunting for [help] or call your social workers or your therapists and be like on the phone for hours... You feel like everything is kind of at your fingertips, which is a lot easier than accessibility anywhere else...even with a foster parent."

The "SPA blanket" as one participant called it, helped them to feel safe, cared for, and supported.

- **Maintain the unique variety of supports and services on the SPA campus.** Former foster youth often noted the importance of the breadth of services and supports available to them on the campus. Computer labs, gyms, and a broad variety of other enrichment activities provided an exploratory, supportive environment foster youth to be exposed to, try out and then develop different skills and self-improvements.

"Just having everything so central was very, very beneficial. School was right there. We worked on campus. We live on campus, having our social worker right on campus. [...] I think there's something for everyone [...] If I was back with my parents or another foster parent, I may not have had the opportunity to have access to those resources."

If I was back where my, with my parents or another foster parent, I may not have the opportunity to have that access to those resources. So readily and feasible in the sense of like safety or accessibility. "

" they provide a lot for kids to succeed, but it's really up to the kid if they want to succeed because they do offer so much to you, but it's really up [to you]".

The five elements above provided both broad and deep support to former foster youth. It nurtured a sense of normalcy while also expanding horizons through no-barrier access to services, a community of peers, and a variety of enrichments that would not have been possible under other circumstances. Together, these unique benefits of SPA were frequently summed up by SPA Alumni in one word – "safety":

"There's a lot of bad stuff, a lot of negative stuff out there. And being able to go in to a safe environment [was important because...when I came out,] I was protected [from the bad stuff and if I didn't have that]...it could've led me on a whole different path."

Future of SPA

SPA Alumni expressed a range of responses regarding how to best support foster youth in the four FFPSA qualified settings, from concerns about mixing the different subpopulations (in particular, those who have been sex trafficked), to concerns about artificially separating subpopulations at the expense of promoting a sense of community, to noting "it's probably experts who are better equipped to provide advice for something like that." Many SPA Alumni said they didn't see the FFPSA-identified subpopulations as mutually exclusive. In fact, they were one of the few groups we convened who talked about foster youth's overlapping identities, noting that one foster youth could potentially be associated with all four FFPSA-identified subpopulations. Thus, the questions we posed about what would serve each specific subpopulation provided limited specific insights.

On the other hand, SPA Alumni were unified that SPA should continue in some form to provide foster youth the environment, resources, and services that they benefited from. In addition to the previously identified positive experiences from when they lived at SPA, they noted a number of additional future considerations that should be taken into account when re-envisioning how the SPA campus can support future foster youth:

- **Look for multiple benefit options.** The SPA campus is unique in the expanse of space, its houses, and the general campus infrastructure. Former foster youth suggested that this could benefit various foster youth populations and have multiple, beneficial impacts. For example, in the high-priced San Diego housing market, these houses could be provided to foster families to house themselves and the children in their care. This could be of even further benefit to the foster care population if these foster families were former foster youth – many who do not have resources to purchase housing but can draw upon their lived experience to support current foster youth.
- **Ensure it serves multiple generations of foster youth.** For many former foster youth, SPA is their childhood home. Providing alumni housing and keeping space for them to return is important to their sense of self and their connection to others. "I think that especially during college and even afterwards," one youth shared, "SPA gave me the opportunity to kind of have a place like home to come back to." They would like to see SPA support future foster youth, but also remain open to them to return and connect. One foster youth cautioned the County to be careful of renaming/repurposing the site because it negates their history and connection to that important childhood experience.
- **Consider the orientation of contractors in the model.** Former foster youth from different cohorts at SPA noted the central importance of house parents and caring adults. At some point in SPA's development, a contractor was brought on that instituted "shift work" approach to the adults who youth rely on instead of stable house parents. Several former foster youth identified the transactional quality of this support, noting that the adults were not consistent, often did not know their names and preferences, and did not build a trusting relationship. Rotating adults also meant that reports from

external schools were not given to house parents with relationships but rather to service directors. As a result, small incidents became bigger "clinical" incidents. In general, former foster youth felt that the personal, home-like experience turned into one that felt more "institutionalized."

- **Integrate connections to pierce the "SPA bubble."** The remote location of the site, accompanied by the comprehensive services of the campus, resulted in what many considered a very safe, but also isolated, experience. SPA Alumni suggested making stronger connections to the outside community. This will require additional focus on transportation options to and from the campus.
- **Provide education that prepares youth for college.** Several former foster youth shared that the education on campus did not prepare them for college. For example, one SPA Alumni noted that every day they discussed "resiliency" but "that doesn't teach you math." Others noted an overemphasis on trauma-informed care that sometimes manifested as a lack of accountability, such that teachers would excuse students' poor performance or lack of follow through. They suggested a model with more similarity to other traditional school experiences would better prepare them for the potential of college.
- **Incorporate job and career training.** Many former foster youth recommended stronger job training focus to train them for more independence when they leave. Trade schools, Job Corps, and pathways to colleges were all noted. Training programs could also happen off site, thereby piercing the SPA bubble and providing more experience with "the real world."

The County has a wealth of experience to continue to draw upon as it develops the future of SPA. The SPA Alumni expressed an eagerness to continue to provide input.

Considerations and Recommendations

After having gathered and synthesized the feedback from seven key stakeholder groups about the potential future uses of SPA, we offer the following observations and considerations as the County moves forward in its decision-making process.

- **The location and structure of the SPA campus lends itself to key uses.** The campus' housing, educational facilities and sports facilities are well established and a valuable infrastructure to build upon. While the remote location can be a barrier, it can also be optimal to housing, educational or vocational uses that benefit from less distraction. Stakeholders shared that if SPA was no longer used for foster youth, it could be used for emergency, temporary or transitional housing for unaccompanied minors, refugees or homeless populations. As an educational or vocational setting, SPA could be used for students with complex IEP's or behavioral needs, or a job training or community college setting. Stakeholders shared ideas of partnerships with other agencies that could transform SPA into one of these settings.
- **Community environment of SPA is a key strength.** Stakeholders noted that the family-like environment that was created at SPA is among its best attributes and likely connected to the positive outcomes of SPA Alumni. The home-like environment promotes a sense of community and belonging, and any future use of SPA should make sure that programming and staff are optimized to create this environment.
- **Continue to include youth in plans to re-envision the campus** SPA Alumni have direct lived experience to inform the best use of the SPA campus. After conducting focus groups with them, the evaluation team recommends that this community remain engaged and be a primary source for input when it comes to the future of the SPA site and recommendations for programming.

- **Use data to inform future decisions.** Stakeholders had varying levels of familiarity with the service gaps and the current needs of the foster youth population. Some knew precisely how many beds and/or homes were available for specific populations in San Diego County, while in others did not. The lack of precise data was a source of frustration for some stakeholders as they tried to identify which foster youth populations had the biggest need for SPA's resources. As the county re-imagines the SPA campus, bring data and stakeholders together.
- **Integrate stakeholder groups for additional feedback.** Our research aggregated the information, knowledge, experiences and opinions from individual stakeholder groups. During this process, groups often referred to each other to fill their own knowledge gaps. As an enhancement to ensuring that up-to-date data are available for all decision-makers, future efforts to engage stakeholders in discussing the future of SPA should include a process to allow stakeholder groups are able to collaborate in real-time. This will facilitate the integration of data and information that may be siloed in area of expertise that specific stakeholders have. A cross-stakeholder working group is an optimal intervention.

Appendix A: Methodological Details

Harder+Company conducted virtual focus groups via Zoom with seven key stakeholder groups that were invited to participate in the feedback process by The Children's Initiative. The focus groups lasted between 1.5 and 2.5 hours and were facilitated by a team of 3-4 Harder+Company staff. Each focus group had between 8-25 participants; across all groups approximately 89 stakeholders participated. The stakeholder groups were as follows:

- *Relative and Resource Families:* Included non-relative and relative foster parents, resource parent mentors, representatives from YMCA Kinship Program and Youth and Family Services, and Grossmont College Foster, Adoptive and Kinship Care Education Program.
- *San Pasqual Academy Partners:* Included SPA Advisory Board Members (e.g. representatives from San Diego County Office of Education and New Alternatives, who currently provide services at SPA), local community school district representatives and members of The Friends of San Pasqual Academy.
- *FFA, STRTP and Transitional Housing providers:* Included representatives from transitional housing programs such as YMCA, Casa de Amparo, North County Lifeline, San Diego Youth Services; representatives from Foster Family Agencies such as New Alternatives, Walden Family Services, Angels, and Koinonia; and representatives from STRTPs, such as Fred Finch Youth Center, Center for Positive Changes, Varsity, and New Haven.
- *Community Partners and the Children and Family Strengthening Advisory Board (CFSAB):* Included representatives from Just in Time, San Diego Regional Center, Promises2Kids, SAY San Diego, San Diego Workforce Partnership, Mental Health America, Supervisor Nathan Fletcher's Office, Children's Advocacy Institute, Singleton Law and Intesa Communications.
- *County and Legal Partners:* Included representatives from San Diego County Counsel, Children's Legal Services of San Diego, Voices for Children, San Diego County Probation, San Diego County Aging and Independence Services, San Diego County Health and Human Services Agency, and Parks and Recreation Department. Two juvenile court judges did not participate in the focus group but submitted feedback via email.
- *Child Welfare Services (CWS):* Included protective service workers, protective services supervisors, and other San Diego County CWS staff.
- *San Pasqual Academy Alumni (2 groups):* This group included former foster youth, most of whom had lived at San Pasqual Academy as dependent minors.

A representative from The Children's Initiative was present at each focus group, except for one. A CWS manager was also present at each focus group, except for one, and presented an overview of the recent changes in state and federal legislation that required SPA to close. The CWS representative also presented four scenarios, under the Family First Prevention Services Act (FFPSA), for which federal foster care maintenance payments are permitted for foster youth placed in childcare institutions. These scenarios are:

- A qualified residential treatment program (Q RTP).
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
- A youth who has attained 18 years of age, a supervised setting in which the youth is living independently.
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

Focus group participants were instructed that they would be asked to consider these four possible scenarios when thinking about and sharing ideas for future uses of the SPA campus.

In all groups with more than 8 attendees, we broke participants out into smaller groups of 4-5 people for facilitated conversations about their ideas for potential future uses of the SPA campus. Participants shared their ideas verbally, using an anonymous virtual whiteboard, and through the Zoom chat function. Questions asked in the small groups included:

What are the ideas about the future use of SPA that you are bringing to this meeting?

If the SPA campus was to be used as a **QRTP for foster youth**:

What is needed to create a supportive environment?
What services should be present?
What other considerations should be made?

If the SPA campus was to be used for foster youth who are **pregnant or parenting**:

What is needed to create a supportive environment?
What services should be present?
What other considerations should be made?

If the SPA campus was to be used for foster youth who are **survivors of sex trafficking or at risk of being sex trafficked**:

What is needed to create a supportive environment?
What services should be present?
What other considerations should be made?

If the SPA campus was to be used for former foster youth **18+ years and older who are living independently**.

What is needed to create a supportive environment?
What services should be present?
What other considerations should be made?

What might be the other uses of the San Pasqual site for foster youth populations or other populations in the community that we haven't yet discussed? Think of the communities you serve and their needs – is there something about the SPA campus that can help meet their needs?

What use(s) of the San Pasqual campus that has been discussed today would you prioritize?

The focus group prompts and conversation during the second SPA Alumni focus group were different than the other groups and centered more on alumni's lived experience at SPA and the qualities and features of SPA they found served them well and did not serve them well.

Following the completion of all focus groups, we proceeded to analyze the data. In our analysis of the focus group conversations, we looked for common and divergent themes and ideas both within and across groups.

Appendix B: Focus Group Finding Details by Stakeholder Group

Stakeholder Group	Priority Populations Identified
Relative and Resource Families	<ul style="list-style-type: none"> • Retain SPA for foster youth: Relative and Resource families overwhelmingly believed that the SPA campus should remain with the current population (high school-age, foster youth) and expand either services or age ranges to accommodate youth in the 4 FFPSA qualified settings. There were concerns about mixing age-groups, thus most of the recommendations were geared towards high-school aged youth up to age 21. • There are many different opinions on the exactly how current services at SPA could be expanded, with additional ideas of the SPA campus being good for youth in the juvenile justice population. Expanding the educational services offered or creating new educational or vocational programming at SPA was among the top recommendations, from offering more Career Training and Employment programs to adding vocational training from community colleges. As long as many foster youth could access these offerings, it would be priority use for SPA. • While expansion of current services and education or vocational training were the key themes, if SPA was to be used for populations outside of foster youth, the ideal use for the campus would be for housing - whether emergency, temporary or transitional.
SPA Partners	<ul style="list-style-type: none"> • SPA partners feel that the campus should remain in use for foster youth and the current participants. It is large enough to house several populations of foster youth and offer specialized services. When these services are combined with very good staffing there seem to be exceptional outcomes for participants. Most of the best uses to meet needs are centered around a combination of the campus size and geography – when the isolated location is optimal for a population for safety or distraction purposes, the location is challenging for transportation, access to potentially needed medical services, providing security in the case of CSEC youth.
Foster Family Agency (FFA), Short Term Residential Therapeutic Program (STRTP), and Transitional Housing	<ul style="list-style-type: none"> • When considering the future use of SPA for foster youth, these stakeholders favored SPA to be for housing for resource families with higher needs foster youth. Parents could live onsite and gain access to federal funds for supports and rather than services being concentrated onsite, services would come to SPA. There were many concerns about housing different foster youth populations on the same campus, citing concerns with mixing age groups and risk/needs levels. • Ultimately, stakeholders want to see which of the foster youth priority populations are the most at-need and identify service gaps to determine the future use of SPA. This group has knowledge on vacancies in programs such as a STRTP and felt they lacked information on the supply and demand projections for the current and future foster youth populations that qualify to use SPA. As participants shared this, they voiced concern that recommendations could be overwritten by new legislation, thus the group considered many of populations and uses of SPA. • Other uses for SPA include many different types of housing, from low-cost family housing, to housing for non-minor dependents and non-foster children adults, to general affordable housing, FFA homes, housing as a family treatment center for CWS families and immigration center housing. This group questioned placing multiple populations on one site and asked if the property could either be subdivided and sold or transformed into a community college with housing. No matter which uses are selected, consideration should be taken to identify the housing-need and needs that benefit from the remote location rather than being

	hindered by it. They also suggested using braided funding for programs to leverage the remote location.
Community Partners and Children and Families Strengthening Advisory Board (CFSAB)	<ul style="list-style-type: none"> Community partners and CFSAB shared that the current foster youth, QRTF and foster youth 18+ are the priority populations for SPA though there were many other ideas for uses from this group. They advised that if SPA is to remain in use for any foster care sub-population, research should take place on what worked and what hasn't at SPA instead of re-designing the model and that youth should be able to participate in the selection of the services they receive. If SPA is to remain for any foster youth populations, it should continue to be a safe space for foster youth and siblings that centers community-building. Other uses of the SPA campus included housing for biological parents at risk of losing children to foster care or housing for foster families. SPA could also be used for housing veterans or homeless families, or it can be converted to an educational setting. This group suggested that SPA alumni be asking for input prior to decisions being made. SPA alumni input is summarized below.
Legal and County Staff	<ul style="list-style-type: none"> Legal and County staff participants identified foster youth needing STRTP as a priority population and use for SPA, sharing that the site would be too large for QRTF. There was also ideation on if SPA could focus on filling gaps for youth in the juvenile justice system, somewhat similar to Polinsky Children's Center. There was interest in ensuring that the housing facilities at SPA are used for family of foster youth, families at risk of entering the child welfare system or parents with children in need of substance abuse treatment. Regardless of the use or youth population, this group wants to ensure that intergenerational peer or mentorship is part of services. These partners are aware of many populations in need that could benefit from the SPA campus. Refugees, homeless or unaccompanied minors, youth in the welfare system who age-out but do not qualify for SDRC or low-functioning individuals who do not qualify for San Diego Regional Center (SDRC) clients are amongst the most at-need who could benefit from the SPA campus. If not used for foster youth, the campus could be used for housing and support services, these stakeholders also favored the conversion of SPA to an educational or vocational setting.
Child Welfare Services staff	<ul style="list-style-type: none"> County Child Welfare Services staff agreed that the priority population for SPA should be teens and that the site should be used for housing. For foster youth, SPA could be a residential placement option for teens and sibling groups that do not want a foster home, for youth who do not meet STRTP but cannot access resource homes, or SPA could be used for special sub-populations such as dual diagnosis youth in need of substance abuse treatment or LBGTQ+. They also shared that currently there is a shortage of resource homes. Other ideas for SPA usage aside from foster youth and housing involved using the campus for an educational or vocational training setting such as a school for students with complex IEP's or behavioral needs or a job corps program. It could also be a day treatment center for youth in the child welfare system.
SPA Alumni	<ul style="list-style-type: none"> Many SPA Alumni felt strongly that SPA should remain as is, for the current foster youth who live there and that it could expand to be a place for all foster youth. They asked that decision makers reconsider the approach that only four foster youth sub-populations could stay eligible to reside at SPA, most feel it's an artificial separation as an individual foster youth could identify with multiple categories. There are some SPA alumni that did consider there could be significant enough differences between the four sub-populations that mixing them could be traumatizing. If SPA needs to be repurposed, it could become homes for foster parents, especially those that are also former foster youth and that SPA should maintain the home-like environment. They asked that keeping

	siblings together be paramount and that SPA residents still have easy access to the breadth of services offered and that youth have the right to be engaged in choices with their care.
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**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
TUESDAY, DECEMBER 07, 2021**

MINUTE ORDER NO. 20

SUBJECT: RECEIVE REPORT ON THE SAN PASQUAL ACADEMY AND TAKE ACTION ON SAN PASQUAL ACADEMY OPTIONS (DISTRICTS: ALL)

OVERVIEW

On February 8, 2021, the County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS) was notified by the California Department of Social Services (CDSS) that the San Pasqual Academy (the Academy) three-year Pilot Project and supporting Memorandum of Understanding (MOU) to continue the Academy's on-going operation would terminate effective October 1, 2021 rather than December 31, 2021. It was stated that this was because the Academy's current educationally based residential program is not an allowable model for foster care under the Family First Prevention Services Act and State Continuum of Care Reform (CCR) legislation. Then, on March 16, 2021 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer (CAO) to request an extension from CDSS for the current MOU for the Academy through June 30, 2022. Subsequently, on May 3, 2021, CDSS replied with an offer to grant an extension to the term of the MOU, to coincide with the end of the 2021-22 school year subject to several conditions. On May 18, 2021 (30), the Board directed the CAO to enter into an agreement with CDSS for an extension through June 30, 2022. Consequently, all of the Academy operations and services would terminate effective July 1, 2022.

On May 18, 2021 (30), the Board also directed the CAO to have appropriate staff available to meet with all interested partners of the Academy including New Alternatives, CWS staff, San Diego County Office of Education, and Access Inc. through the support of the Workforce Partnership on ways to expand the use of the Academy campus. Additionally, CDSS' approval of the MOU extension required CWS to continue to engage youth, stakeholders, and the community to explore other potential alternative options for the Academy campus. As a result of engaging stakeholders most impacted by the Academy's impending discontinued operations, a report was completed summarizing the community input gathered with an emphasis on common and divergent themes and ideas for potential uses of the Academy campus. Today's actions request the Board to receive the report titled "Re-envisioning San Pasqual Academy", receive the options for the San Pasqual Academy and determine the course of action for the San Pasqual Academy campus. This action supports the County's *Live Well San Diego* vision and the Framework for our Future by providing comprehensive services and supports focused on improving equitable outcomes for children and youth interacting with the child welfare system and ensuring transparency, open government and a participatory approach to best serve the needs of our diverse communities.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the report titled "Re-envisioning San Pasqual Academy".
2. Direct the Chief Administrative Officer to pursue one of the three proposed options for the transformation of the San Pasqual Academy campus and authorize supporting actions:

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Option 1: Transition the San Pasqual Academy campus to a multipurpose continuum of care campus serving a diverse variety of foster youth, including youth at risk of or victims of human trafficking and pregnant/parenting youth, in alignment with the Family First Prevention Services Act and the California Continuum of Care Reform requirements, to include a Temporary Shelter Care Facility, Resource Family homes, Short-Term Residential Therapeutic Program, Intensive Crisis Programs, and a transitional housing program for youth exiting foster care. If the San Diego County Board of Supervisors chooses option 1, then take the action as recommended in 1-A.

1-A In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to enter into negotiations with San Diego County Office of Education and upon a determination of a fair and reasonable price, amend contract number 564834 to include education services and support and increase the annual contract maximum to an amount not to exceed \$2.7 million per contract year, subject to the availability of funds; and to amend the contract as required to reflect changes in services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

Option 2: Utilize the San Pasqual Academy campus to meet alternate priority needs for populations identified by the focus groups such as unaccompanied minors, youth interacting with the juvenile justice system, adults and families at-risk of or experiencing homelessness, refugees, veterans, and families needing housing and at-risk of entering the child welfare system. If the San Diego County Board of Supervisors chooses option 2, then take the action as recommended in 2-A.

2-A Direct the Chief Administrative Officer to develop a plan for utilizing the campus for one or more of the identified populations.

Option 3: Transition the San Pasqual Academy campus to support both a multipurpose continuum of care campus serving a diverse variety of foster youth as indicated in Option 1 and youth populations identified in Option 2 to include unaccompanied minors and youth interacting with the juvenile justice system. If the San Diego County Board of Supervisors chooses option 3, then take the action as recommended in 1-A and 3-A.

3-A Direct the Chief Administrative Officer to develop a plan for utilizing the campus for one or more of the identified youth populations in Option 2 to include unaccompanied minors and youth interacting with the juvenile justice system.

EQUITY IMPACT STATEMENT

San Pasqual Academy (the Academy) opened in 2001 to meet the unique needs of adolescent youth in the foster care system (and subgroups within) through a residential education environment that promotes independence and self-sufficiency while focusing on completing high school, preparing for the world of work, practicing independent living skills and developing relational permanency. Through a unique partnership of public and private agencies, foster youth ages 12-17 years and non-minor dependents (NMDs) up to age 19 are provided with a seamless delivery of residential, education, work readiness and child welfare case management services. The collaboration increases efforts to maximize racially equitable community outcomes by ensuring all youth at the Academy have increased access to health and wellness opportunities, develop life-long connections, and broaden educational horizons.

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Over the last five years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families, resulting in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and reduce the reliance on and use of congregate care. In light of these changes, effective July 1, 2022, the Academy can no longer operate under its current model.

With an equity and empowerment lens, CWS initiated a participatory process to identify the next steps for the Academy campus in partnership with The Children's Initiative and Harder+Company Community Research. This partnership allowed an independent third-party to engage with individuals most impacted by the Academy's impending closure to obtain an objective assessment of youth's experiences at the Academy. The partnership also provided opportunities and a platform for youth, stakeholders and community partners to provide input and develop proposals for the next phase of planning and decision making that will provide maximum community impact. In August and September 2021, seven key stakeholder focus groups were completed with former foster youth, partners of the Academy, community partners and the Child and Family Strengthening Advisory Board of San Diego County and the Foster Alumni and Youth Community Empowerment Subcommittee (FAYCES), relative caregivers and resource families, Foster Family Agencies, Short-Term Residential Therapeutic Program (STRTP) providers, Transitional Housing providers, CWS staff, and legal and county partners.

Proposals gathered for the Academy campus have the capacity to support diverse populations, positively impact communities, and advance the racial equity work in San Diego County. CWS will maintain a participatory approach and continue to engage the community and strategically plan for inclusive outreach through the various phases and processes, aligned with the determined vision for the Academy campus.

FISCAL IMPACT

The County of San Diego Health and Human Services Agency (HHSA) will determine the fiscal impact and funding needs for the transformation of San Pasqual Academy once specific direction from the San Diego County Board of Supervisors (Board) is received on which of the three options to pursue. The funding sources will include Title IV-E federal funding, federal Short-Doyle Medi-Cal funding, Realignment, and General Purpose Revenue. HHSA will also look to incorporate and utilize new federal and State funding available with the implementation of Family First Prevention Services Act. If needed, HHSA will return to the Board to bring forward recommendations for implementation and resource needs based on the Board's direction of which option to pursue. The amount of Realignment and potential request for General Purpose Revenue will vary based on the direction of the Board.

If Option 1 or 3 are directed by the Board, the following fiscal impact is applicable to support Option 1-A - Amend the Contract with the San Diego County Office of Education:

If the Board selects Option 1 or Option 3, this will require approval of Option 1-A to amend the contract with the San Diego County Office of Education to retain necessary educational team in San Pasqual Academy. The current contract is approximately \$1.0 million and requires a one-time increase for Fiscal Year 2022-23 of up to \$1.7 million to be added for a contract total up to \$2.7 million. Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in HHSA. If approved, this will result in no change in costs and revenues in Fiscal Year 2021-22 and estimated costs and revenue of \$2.7 million in Fiscal Year 2022-23. The funding source is Realignment. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

DECEMBER 07, 2021

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ACTION:

This item was withdrawn at the request of the Chief Administrative Officer.

State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER
Clerk of the Board of Supervisors

Signed
by Andrew Potter



DECEMBER 07, 2021

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COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 7, 2021

21

TO: Board of Supervisors

SUBJECT
UPDATE ON MOBILE CRISIS RESPONSE TEAMS (DISTRICTS: ALL)

OVERVIEW

Each year law enforcement receives tens of thousands of mental health related calls. While all calls require a timely response, many do not necessitate law enforcement intervention. In many instances, deployment of behavioral health professionals would have been a more person-centered approach to respond to non-violent behavioral health situations.

In response to this need, the San Diego County Board of Supervisors (Board) approved a recommendation on June 25, 2019 (1) which resulted in the January 2021 launch of a Mobile Crisis Response Team (MCRT) pilot program designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate.

Today's MCRT update includes an overview of the service model, update on countywide implementation, triage protocols and ongoing partnership with law enforcement, referrals-to-date, the upcoming media campaign, and stakeholder engagement efforts. The MCRT program advances the Board's Framework for Our Future vision to ensure critical services are designed and delivered equitably, prioritizing the needs of the region's most vulnerable residents, as well as the County of San Diego's *Live Well San Diego* vision, by providing necessary resources through innovative programs for individuals with behavioral health needs to connect to the best level of care.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive the update on Mobile Crisis Response Teams.

SUBJECT: UPDATE ON MOBILE CRISIS RESPONSE TEAMS (DISTRICTS: ALL)

EQUITY IMPACT STATEMENT

The Mobile Crisis Response Team (MCRT) program provides a non-law enforcement, clinical response to behavioral health crises, which offers a person-centered approach to respond to non-violent behavioral health situations. These situations are often more effectively addressed, and with less risk of trauma to already vulnerable service recipients, by trained clinicians only.

The MCRT program serves individuals in behavioral health crisis – including those with chronic substance use and mental health conditions, who may be disconnected from supportive services – offering a clinical intervention at a crucial moment for connecting to behavioral health services and support. The program is tailored to meet the needs of underserved populations throughout San Diego County, with emphasis placed on hiring a diverse and culturally competent workforce and ensuring that all program information and outreach is designed to reach and resonate with diverse communities.

By nature, crisis interventions in the field have a certain amount of unpredictability. The best outcome for all involved is for the crisis to be addressed without unintentional escalation, while providing dignified crisis and emergency services that are responsive and supportive of a person's cultural, gender, and racial considerations. The MCRT model is uniquely positioned to provide this critical support.

FISCAL IMPACT

This recommendation has no fiscal impact. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

At their meeting on December 2, 2021, the Behavioral Health Advisory Board was provided a draft of this Board Letter as informational.

BACKGROUND

Each year law enforcement receives tens of thousands mental health related calls. While all calls require a timely response, many do not necessitate law enforcement intervention. In many instances, deployment of behavioral health professionals would have been a more person-centered approach to respond to non-violent behavioral health situations.

The San Diego County Board of Supervisors (Board) has taken several actions to enhance crisis response efforts, as follows:

- On June 25, 2019 (1), the Board approved a recommendation to enhance the crisis intervention options available to the community by establishing a non-law enforcement Mobile Crisis Response Teams (MCRT) pilot program, in coordination with County of San Diego (County), Health and Human Services Agency, Behavioral Health Services (BHS), the San Diego County Sheriff's Department, and the San Diego County District Attorney, with initial efforts focused in the North Coastal Region.

SUBJECT: UPDATE ON MOBILE CRISIS RESPONSE TEAMS (DISTRICTS: ALL)

- On June 23, 2020 (26), the Board further expanded MCRT by approving an expedited rollout of MCRTs countywide.

As a result of these actions, BHS launched a MCRT pilot program in January 2021 in the North Coastal Region designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate.

Subsequent to this pilot rollout, the Board further affirmed their commitment to strengthen MCRT services in an action brought forward by On April 6, 2021 (9), which called for expansion of the MCRT pilot program in North Coastal Region to provide 24 hour, 7 days per week services; conduct a public awareness campaign inclusive of community outreach and education; and build internal capacity within BHS to partner with law enforcement and develop protocols for referrals and data sharing.

MCRT Overview and Service Model

MCRTs are comprised of licensed mental health clinicians, case managers, and peer support specialists who can respond to behavioral health crisis calls that do not involve known threats of violence or medical emergencies.

These clinical teams provide assessments, de-escalation, and connect the individual to appropriate services. Transportation to local services is also available, if needed. This model builds on the existing Psychiatric Emergency Response Team (PERT) model which pairs law enforcement with a clinician to respond to behavioral health emergency calls are placed to 9-1-1. PERT began in 1995 as one team and has grown to 72 teams today.

To minimize stigma associated with behavioral health conditions, MCRTs include peer support specialists who utilize their lived experience to engage with people in crisis and help them feel more comfortable. Services provide a non-law enforcement response in a manner that is responsive to and respectful of community and individual needs.

While the purpose of MCRT is to offer a non-law enforcement response, ultimately the trained dispatcher evaluates each call on a case-by-case basis utilizing a set of highly informed criteria to determine the appropriate response while also ensuring the safety of the person in need of care, as well as the responding teams. If a situation evolves and requires the presence of law enforcement, team members can call for assistance and PERT, or law enforcement personnel, will be dispatched.

Triage Protocols, Service Regions, Referrals-to-Date

MCRT is dispatched by calls made to the Access and Crisis Line (888-724-7240); law enforcement agencies can also refer calls they receive to MCRT. As of November 17, 2021, a Memorandum of Agreement (MOA) has been executed with National City Police Department and Chula Vista Police Department, with other law enforcement jurisdictions to follow upon execution of a multi-jurisdiction Memorandum of Agreement (MOA) which is pending final review and signatures. BHS and law enforcement partners have worked closely to finalize the referral criteria to be used by emergency services dispatchers to ensure safety and determine when a referral to MCRT is appropriate.

SUBJECT: UPDATE ON MOBILE CRISIS RESPONSE TEAMS (DISTRICTS: ALL)

Over the last several months, the MCRT program has been implemented in a phased approach to each of the six HHSA regions:

- As of November 17, 2021, MCRT is operational in five of six regions.
- On December 8, 2021, North Inland region is expected to go-live, completing the countywide rollout.

As of November 14, 2021, MCRT has responded to 219 calls referred through the Access and Crisis Line and law enforcement. The majority were provided services and were able to remain in the community; approximately 20% either refused services or had left the location by the time MCRT arrived. On these occasions, MCRT will still provide resources to the individual or family members who may be receptive to services in the future.

The MOAs between the County and law enforcement jurisdictions include mutual sharing of requested de-identified data wherever deemed practical by the law enforcement agency and allowable under the law. BHS continues to collaborate with various law enforcement entities to advance data sharing that will inform MCRT program planning, design, and effectiveness to ensure the needs of the community are met and services to clients are yielding meaningful outcomes. To further support collaboration and data integration, BHS is in the process of recruiting to fill the position approved by the Board on June 29, 2021 (7).

MCRT Media Campaign and Community Engagement Efforts

An amendment in the amount of \$600,000 to the Countywide Stigma Reduction and Suicide Prevention Media Campaign contract was executed to begin development of a community awareness campaign utilizing various media platforms with plans to implement the campaign in early 2022. A press conference is being planned to celebrate the completion of countywide implementation and will provide a preview of campaign images.

There continues to be ongoing stakeholder engagement and education across a variety of settings, including the Behavioral Health Advisory Board and the Human Relations Commission which occur on a quarterly basis at minimum. Additionally, MCRT providers have given many presentations at community forums and behavioral health provider meetings over the last several months and have more scheduled into the new year.


LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's update supports the County of San Diego's (County) 2021-2026 Strategic Plan, as well as the County's *Live Well San Diego* vision, by providing necessary resources through innovative programs for individuals with behavioral health needs to connect to the best level of care.

Respectfully submitted,




HELEN N. ROBBINS-MEYER
Chief Administrative Officer



ITEM 21: UPDATE ON MOBILE CRISIS RESPONSE TEAMS



Nick Macchione, Agency Director, Health and Human Services Agency
 Luke Bergmann, PhD, Director, Behavioral Health Services
 Piedad Garcia, EdD, LCSW, Deputy Director, Behavioral Health Services

December 7, 2021



1

OVERVIEW

Mobile Crisis Response Teams (MCRT) Overview & Service Model

- MCRT is a non-law enforcement, clinical response to behavioral health crises
- Teams include one licensed clinician, one peer support specialist, and one case manager
- Teams provide assessments, de-escalation, and connect individuals to services

MCRT CLINICAL TEAM



Peer Support Specialist

Licensed Mental Health Clinicians

Case Managers

2

OVERVIEW



LIVE WELL
SAN DIEGO

MCRT Referrals

- The MCRT service is a response option for behavioral crises
- Dispatched through calls made to the Access & Crisis Line and via emergency response dispatch



Community calls to ACL or
emergency services



Triage by ACL or emergency
services dispatch



Dispatch of appropriate
response team

3

3

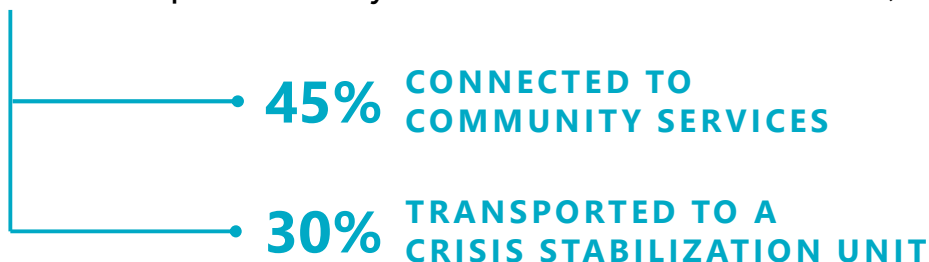
MCRT SERVICE



LIVE WELL
SAN DIEGO

MCRT Service Delivery

- MCRT program implemented countywide by the end of 2021
- 268 calls responded to by the MCRT as of November 29, 2021



4

4

REGIONALLY DISTRIBUTED SERVICES



LIVE WELL
SAN DIEGO



5

5

RECOMMENDATION



LIVE WELL
SAN DIEGO

- Receive the update on Mobile Crisis Response Teams.

6

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ITEM 21: UPDATE ON MOBILE CRISIS RESPONSE TEAMS

Nick Macchione, Agency Director, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services
Piedad Garcia, EdD, LCSW, Deputy Director, Behavioral Health Services

December 7, 2021





COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 7, 2021

22

TO: Board of Supervisors

SUBJECT

UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

OVERVIEW

To address the unprecedented crisis in substance use harms, including alarming trends in accidental drug overdose deaths, the San Diego County Board of Supervisors (Board) has taken a number of actions to advance existing efforts and aggressively address this issue and the associated stigma that is frequently associated with people who struggle to overcome substance use. Recent actions include, but are not limited to:

- Approval to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) on March 27, 2018 (2), which provided an unprecedented opportunity to accelerate the integration of substance use disorder specialty care with mainstream healthcare;
- Finding prior Board direction opposing harm reduction programs including the "Resolution to Oppose Needle Exchange Programs" to be no longer in effect as of January 26, 2021 (13); and
- Directed the Chief Administrative Officer to create a comprehensive County of San Diego (County) Substance Use Harm Reduction Strategy (Harm Reduction Strategy), and Action Plan to realize a Syringe Services Program to meet the needs of San Diego County, also presented January 26, 2021 (13).

Today's action includes an update on the Harm Reduction Strategy presented to the Board on June 8, 2021 (4), the Drug Medi-Cal Organized Delivery System, and other related bodies of work from the County Health and Human Services Agency (HHSA) including efforts to provide housing resources for those with chronic substance use conditions.

All actions align with the Board's Framework for Our Future harm reduction approach to save lives and improve health outcomes and the *Live Well San Diego* vision by transforming treatment for addiction, while continuing to educate the larger community on effective care for people who misuse substances. Additionally, the housing strategies and programs detailed align with the Services, Treatment and Outreach domains within the County's Framework for Ending Homelessness.

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Receive an Update on Harmful Substance Use in San Diego County.
2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for naloxone distribution services to address the current public health opioid crisis, and upon successful negotiations and determination of a fair and reasonable price, award one or more contracts for an Initial Term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contract(s) to reflect changes in program, term, funding or service requirements, subject to the approval of the Agency Director, Health and Human Services Agency.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for behavioral health services at the Palm Avenue Wellness and Recovery Center, which will provide transitional housing, recuperative care, and other healthcare service coordination and engagement services, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four option years, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
4. In accordance with Board Policy B-29, authorize the Clerk of the Board, upon successful negotiation, to execute a revenue agreement, upon receipt, for Fiscal Year 2022-23 with the City of San Diego to operate behavioral health services at the Palm Avenue Wellness and Recovery Center, and to execute any amendments thereto, including amendments extending the agreement terms past Fiscal Year 2022-23, and future years' Agreements and amendments, subject to the availability of funding, provided terms, conditions, program services and funding are not materially impacted or altered, and waive Board Policy B-29 requirement for full cost recovery of revenue agreements.
5. Add 5.0 full time equivalent (FTE) positions to the Health and Human Services Agency, Behavioral Health Services to support the implementation of services, including the Palm Avenue Wellness and Recovery Center and Naloxone Distribution Program, as part of the broader Harm Reduction strategy, and direct the Department of Human Resources to classify the positions at the appropriate level.
6. Receive the update on implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) and direct the Chief Administrative Officer to sunset time-certain reporting for the DMC-ODS and Medication Assisted Treatment to coincide with significant developments.
7. Authorize the Agency Director, Health and Human Services Agency or designee, to apply for future funding, including grants, supplemental funding and other funding, for Fiscal Year 2021-22, and future fiscal years, to support, enhance or expand harm reduction services.

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

EQUITY IMPACT STATEMENT

Poverty, drug use, and involvement with the justice system are deeply intertwined and the resulting community and individual traumas are disproportionately felt by low-income populations, as well as communities of Black, Indigenous, and People of Color (BIPOC) throughout San Diego County. Furthermore, data from the San Diego County Medical Examiner's Office indicates that recent increases in accidental overdose deaths have been especially pronounced in BIPOC communities.

The County of San Diego's response to harmful substance use within the region, inclusive of the Substance Use Harm Reduction Strategy (Harm Reduction Strategy) and Drug Medi-Cal Organized Delivery System implementation, is designed to combat these patterns at a systemic level and address the most pressing issues at the intersection of behavioral and public health to improve outcomes for people who use drugs and the broader San Diego County community. The Harm Reduction Strategy is built on four strategic domains – Cross-sectoral Convening, Healthcare Integration and Access, Housing, and Workforce – which account for key social determinants of health and are informed by ongoing data evaluation within each domain and in all associated tactical interventions.

Today's actions advance equity and racial justice through a client-centered, data-driven, population health approach that delivers behavioral health services through a system of care which recognizes the lived experience of people who use drugs and affirms the dignity of all individuals, families, and communities.

FISCAL IMPACT

Recommendations 1, 6 and 7: Receive an Update on Harmful Substance Use in San Diego County, Receive an Update on the Drug Medi-Cal Organized Delivery System and Future Funding to Support Harm Reduction Services

These recommendations have no fiscal impact. There will be no change in net General Fund cost and no additional staff years.

Recommendation 2: Authorize a Competitive Solicitation for Naloxone Distribution Services

Funds for this request are not included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency (HHSA). If approved, this will result in estimated costs and revenue of \$0.5 million in Fiscal Year 2021-22, which will be covered by existing appropriations, and \$1.0 million in Fiscal Year 2022-23 to address the current public health opioid crisis. The funding source is Realignment. Funds for subsequent years will be incorporated into future operational plans. There will be no change in net General Fund cost. There will be an increase in staff years to support the delivery and oversight of this service as outlined in Recommendation 5.

Recommendations 3 and 4: Authorize a Competitive Solicitation for Services at the Palm Avenue Wellness and Recovery Center, and Waive Board Policy B-29 Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery

Funds for this request are not included in the Fiscal Year 2021-23 Operational Plan in HHSA. If approved, this will result in no change in cost and revenues in Fiscal Year 2021-22 and estimated costs and revenue of \$3.9 million in Fiscal Year 2022-23 for contracted services and operations costs for the Palm Avenue facility. The projected costs will be shared equally between the County of San Diego and City of San Diego, resulting in costs of approximately \$1.95 million each. The

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

funding sources are American Rescue Plan Act (ARPA) funding and existing Realignment. Funds for subsequent years will be incorporated into future operational plans. It is anticipated that in future fiscal years upon the implementation of CalAIM, there will be opportunities to drawdown Medi-Cal funding for Community Supports, also known as In Lieu of Services (ILOS), for services provided at the Palm Avenue Wellness and Recovery Center, which will offset and reduce overall County of San Diego and City of San Diego costs.

A waiver of Board Policy B-29 is requested because the City of San Diego funding does not offset all costs associated with contract administration estimated at \$40,000 annually. The public benefits of providing these services outweigh the required contribution for uncovered costs. There will be no change in net General Fund cost. There will be an increase in staff years to support the delivery and oversight as outlined in Recommendation 5.

Recommendation 5: Addition of 5.0 FTEs to Support Implementation of the Harm Reduction Strategy

Funds for this request are not included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. The added positions will implement services as outlined in Recommendations 2, 3, and 4. If approved, this will result in estimated costs and revenue of \$0.3 million in Fiscal Year 2021-22 and \$0.7 million in Fiscal Year 2022-23. The funding source will be one-time Realignment funds for Fiscal Year 2021-22 and will evaluate funding for future years, with the potential to request General Purpose Revenue if needed. There will be no change in net General Fund cost and an increase of 5.0 additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

At their meeting on November 4, 2021, the Behavioral Health Advisory Board voted to approve these recommendations.

BACKGROUND

The harms from substance use in recent years are alarming. There is an unprecedented crisis in San Diego County with 976 lives lost to accidental drug overdose in 2020 and 645 in 2019, representing a 51% increase, which was largely driven by a 206% increase in fentanyl-caused deaths, going from 151 in 2019 to a final year-end count of 462 in 2020.

While substance use issues are often associated with marginalized populations, the reality is they are widespread and can affect anyone. Nationally, 8% of the adult population are estimated to have a SUD. Locally, in addition to the lives lost to accidental drug overdose, 2,435 individuals died due to alcohol related complications from 2010 to 2020 – with a notable 39% increase in deaths from 2019 to 2020. According to the National Survey on Drug Use and Health, 1 in 13 San Diegans had a SUD in 2018., which is comparable to the prevalence of Type 2 Diabetes in the County. Much like diabetes, hypertension, or any other chronic physical illness, substance use conditions also require continuous care.

**SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)**

Unlike physical illnesses, an unfortunate stigma exists for people battling substance use which can impede an individual's path to get well. Suggestions that people "work harder" or "simply abstain" oversimplify the complexities of treating addiction disorder. At a population level, we need a multi-faceted approach that acknowledges different pathways to recovery and journeys toward wellness. As with other social prejudices, such as racism, addiction stigma is institutionalized. Policies and funding streams, over time, have driven the design of our current system of addiction treatment to be segregated from, and unequal to, mainstream healthcare.

To better respond, we need to transform how we care for addiction while continuing to educate the larger community that the shift to continuous care for people who misuse substances is the only effective solution. On March 27, 2018 (2), the San Diego County Board of Supervisors (Board) approved implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) which provided an unprecedented opportunity to accelerate the integration of SUD specialty care with mainstream healthcare by infusing San Diego County with resources to align with evidence-based practices and standardized level of care assessment, using criteria developed by the American Society of Addiction Medicine (ASAM) to dramatically improve access to services and outcomes for individuals receiving SUD treatment who are low-income or insured by Medi-Cal.

Building upon DMC-ODS implementation, the Board has taken a number of recent actions to advance existing efforts and aggressively address harmful substance use through the following recommendations approved on January 26, 2021 (13):

- Found prior Board direction opposing harm reduction programs including the "Resolution to Oppose Needle Exchange Programs" to no longer be in effect;
- Directed the Chief Administrative Officer to create an Action Plan to realize a Syringe Services Program to meet the needs of San Diego County; and,
- Directed the creation of a comprehensive County of San Diego (County) Substance Use Harm Reduction Strategy (Harm Reduction Strategy).

Today's update includes a report on the Harm Reduction Strategy presented June 8, 2021 (4), DMC-ODS, and updates on other related bodies of work from the County's Health and Human Services Agency (HHSA). Additionally, to maximize the delivery of harm reduction services throughout the region, HHSA will pursue additional new funding opportunities. Today's action requests the Board to authorize the Agency Director, HHSA, to apply for future funding in FY 2021-22, and future fiscal years, to support, enhance or expand harm reduction services.

Update on Harm Reduction Strategy Programs and Activities

The Harm Reduction Strategy was developed by the Population Health Steering Committee co-chaired by the County's Public Health Officer, Dr. Wilma Wooten and HHSA Behavioral Health Services (BHS) Director, Dr. Luke Bergmann; and includes four major focus areas:

- Cross-sectoral Convening,
- Healthcare Integration and Access,
- Housing, and
- Workforce.

**SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)**

To realize the goals presented in the Harm Reduction Strategy, HHSA continues to enhance the array of engagement strategies by transforming our care ecosystem toward low-barrier access modes of care and ensuring the process to get health care and social services is easy. These services ensure that care is centered on the client's own health and safety goals, which may not include goals of reduced substance use. Asking people to reduce use as a contingency of care or service, it often cited as a key driver limiting the rate of connection for people with substance use conditions to substance use treatment services as low as 10% while 90% remain without treatment.

Today's action requests the Board receive this update on Harmful Substance Use in San Diego County, presented in accordance with the focus areas referenced above.

Cross-sectoral Convening

BHS provides primary prevention by utilizing environmental prevention strategies to actively engage and empower community members to become involved in reducing substance-use related harms including engaging youth, key stakeholders, and public health and public safety sectors to prevent youth use and reduce harms related to substance use that can be detrimental over the lifespan. This is accomplished through the implementation of four countywide prevention initiatives, two of which include the Prescription Drug Abuse Task Force (PDATF) and Methamphetamine Strike Force (MSF).

During an executive meeting for PDATF and MSF held in August 2021, a proposal was made to combine these two bodies by developing a shared governance with equal representation for the efforts of both groups and once accomplished, be renamed to reflect this important and ongoing collaboration, and continue to work jointly on the most pressing community concerns. These cross-sector convenings play a critical role in our overarching Harm Reduction Strategy and have a longstanding role in advancing best practices in prevention. The new shared governance structure will enable shared resources and consolidated expertise in an environment where the use of multiple substances is increasingly common.

Additionally, leveraging grant support from the Centers for Disease Control and Prevention through the Opioid Overdose Data to Action grant, BHS, Public Health Services (PHS), and Medical Care Services Division continue strong collaboration to accomplish the goals set forth within the grant workplans. This work supports overall efforts to reduce the harms of opioid use in San Diego County. Surveillance products being developed as part of this multi-departmental collaboration will inform prevention and linkages to care.

Healthcare Integration and Access

The updates listed below employ harm reduction strategies that adopt a supportive, inclusive, stigma-free, "meeting people where they are" posture and facilitate easy entry into general health care, social services, and/or treatment which are critical components of a low-barrier care model. Additionally, to further advance harm reduction concepts, language is being developed for inclusion as a standard part of the statement of work for new BHS procurements. When harm reduction services integrate and interface with existing health care services, including substance use treatment programs, a person has multiple opportunities to engage in care across any stage from active use to recovery.

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

Local Naloxone Distribution Effort

Naloxone, commonly known by brand name Narcan, is an emergency medication which reduces and reverses the effects of opioid overdoses. In practice, naloxone is a life-saving medication that can be administered by bystanders to an individual in the midst of an opioid overdose, allowing the overdosing individual's normal breathing to be restored. As reported on June 8, 2021 (4), the standing order for naloxone distribution was signed on May 21, 2021, by Dr. Wilma Wooten, which authorized trained County staff, contracted staff, health organizations, community-based organizations, and other trained community members to distribute naloxone per the standing order. This standing order removed barriers and allowed the County to enhance the speed and volume of naloxone distribution into the community. Community organizations have been engaged in distribution of naloxone however, growing community need necessitates an enhanced countywide collaboration to achieve community saturation of naloxone.

As of November 12, 2021, BHS ordered and received 3,900 (7,800 doses) kits of naloxone from the California Department of Health Care Services to distribute throughout the community free-of-charge. BHS developed a naloxone distribution plan outlining the County's phased approach to community distribution of naloxone in collaboration with community partners. The distribution plan includes County and non-County sites over FY 2021-22 and is informed by population health data and guided by operational efficiencies. In July 2021, BHS initiated a pilot project to launch community naloxone distribution at the Southeast Mental Health Center where staff have distributed 81 naloxone kits (162 doses) to clients (as of November 12, 2021) who received doses for the first time.

The next phases of community distribution occurred in the PHS Sexually Transmitted Disease (STD) Clinic, Tuberculosis (TB) Clinic, the North Central Mental Health Center, and East County Mental Health Center. These sites began distributing naloxone to clients in October 2021. The San Diego County Probation Department's (Probation) Community Transition Center (CTC) and Public Health Center began distributing naloxone on November 15, 2021.

Moving forward, additional sites both within the County and among external County partners, to include County-contracted and non-contracted providers, will be included in the distribution plan to achieve the greatest success of community naloxone saturation. Plans for expanding and sustaining broad community distribution include exploring opportunities to partner with experienced community-based organizations to distribute naloxone for the long term.

In support of these efforts, today's action recommends the Board authorize a competitive solicitation for naloxone distribution, and award one or more contracts and expand services across the County based on community need, in partnership with community-based organizations.

Syringe Services Programs (SSPs)

Based in the community, SSPs are an evidence-based component of low-barrier care that provides clean syringes to people who inject drugs (PWID) and collect used syringes in return. This helps ensure hazardous needles are not discarded into parks, on streets, or elsewhere in the community, and supports a reduction of sharing of needles among PWID which contributes to reductions in transmission and acquisition of the Hepatitis C virus (HCV), the human immunodeficiency virus (HIV), and other diseases. Additional services may be offered at SSPs, such as linkages to SUD

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
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treatment, mental health services, primary and specialty medical care, social services, HCV and HIV testing, naloxone training and distribution, overdose prevention assistance, and education. SSPs may utilize a workforce consisting of medical, behavioral health, public health, and addiction specialist personnel, as well as peer support specialists and volunteers.

In support of SSP deployment, HHSA has awarded a contract to conduct a community readiness assessment to the San Diego State University Research Foundation, Institute for Public Health (IPH). The goals of this contract include:

- Conducting interviews and focus groups with persons who inject drugs to assess geographic locations in San Diego County that would benefit from SSPs.
- Conducting interviews with key stakeholders and staff to determine desirability and opposition to SSPs, assess receptiveness to harm reduction in general, and assess perceptions of public opinion regarding SSPs.
- Working with HHSA staff to use epidemiologic and other data to identify geographic areas of San Diego County that would benefit from SSPs.
- Assessing local receptiveness and response via public opinion research in geographic areas identified as potentially benefitting from SSPs.
- Conducting reviews of best practices among other counties in California that operate SSPs.

IPH has extensive prior experience in evaluating community-based health projects, including conducting the 2019 Environmental Assessment of Persons Who Inject Drugs in San Diego County, also funded by HHSA. Joining IPH in the Community Readiness Assessment will be Family Health Centers of San Diego, which has operated an SSP in the City of San Diego since 2002 and has extensive experience in assessing community receptiveness, level of knowledge, and opposition. This contract began October 6, 2021, and the work of the readiness assessment is expected to be completed by March 2022.

Also, in support of SSP deployment, HHSA has established a Syringe Service Planning and Deployment committee. This committee will work closely with IPH and Family Health Centers of San Diego, and its goals include:

- Identifying and developing County infrastructure to support comprehensive, adequately resourced, and compassionate response to injection drug use in San Diego County, including staff, services, and supplies.
- Developing and deploying staff training regarding harm reduction principles and practices, including syringe service programs.
- Developing processes for identifying and responding to community concerns.
- Developing an evaluation plan.

The committee, which meets weekly, has established a work plan and a timeline, with the goal of being able to pilot syringe services approximately by Spring or Summer 2022.

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

Housing

Housing, substance use, and homelessness often overlap, with homelessness exacerbating the harmful effects of drug use, and vice versa. Being on the street and pushed to the margins increases the likelihood of risky behaviors and decreases the effectiveness of interventions aimed at reducing the harmful impact of substance use. The strategies and programs described below aim to address these impacts in a direct and meaningful way, in alignment with the Services, Treatment and Outreach domains within the County's Framework for Ending Homelessness presented to the Board on November 2, 2021 (4).

To address the needs of individuals and families experiencing homelessness and increased reports of street drug use, including injection drug use, the City of San Diego (City) and County partnered on an aggressive new strategy to connect these individuals to services and housing. Utilizing a phased approach, and with support from the Leadership Council jointly led by the Mayor Todd Gloria and the Chair Nathan Fletcher, resources were immediately deployed to provide outreach and engagement to individuals experiencing homelessness who are suffering from serious mental health and substance use conditions to connect them to shelter, housing-navigation, behavioral health services, and medical care.

On June 28, 2021, the City and County redeployed contracted resources to conduct a month-long intensive street outreach within targeted areas of downtown San Diego. Staff engaged individuals experiencing homelessness and those who may be at increased risk due to substance use and mental health conditions, and connected them to immediate shelter, housing navigation, behavioral health services, and medical care.

Building on these initial efforts, the County will deploy a new Community Harm Reduction Team (C-HRT) by the end of 2021 to mobilize low barrier harm reduction services, providing outreach and engagement to individuals experiencing homelessness and substance use conditions. C-HRTs are multi-disciplinary teams which include substance use counselors, peer support, mental health clinicians, and nurse practitioners to provide psychiatric consultation that offer low-barrier harm reduction services, just-in-time specialty services, connections to behavioral health, and bridge housing to support wellness, stability, and permanent supportive housing. Two additional teams are planned in Central Region along with future expansion of C-HRTs countywide based on prevalence as shelter beds and Safe Haven housing capacity is identified.

Occurring simultaneously with C-HRT efforts, is the expansion of short-term and bridge housing through the addition of shelter beds and Safe Haven housing capacity. Safe Havens provide transitional housing designed around key harm reduction principles, including lowest barrier accessibility, variable lengths of stay, and navigation to permanent housing. C-HRTs will provide in-reach and ongoing care coordination to clients residing in shelter beds and Safe Havens by coordinating services with Safe Haven staff and other programs provided by BHS in the region. A new Harm Reduction Interim Shelter program will initially operationalize in conjunction with the first C-HRT team within the Central Region, with funding from the City and County. The program will serve up to 44 individuals. Additional Safe Havens and shelter bed capacity are being planned in Central Region along with future expansion countywide.

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

Investments are also planned to build capacity, initially in the Central Region, to support the transition of individuals from short-term and bridge housing into permanent supportive housing, providing long-term housing resources for individuals who are experiencing homelessness and suffering from chronic substance use. Individuals with substance use conditions often find it challenging to access resources for long-term or permanent housing options, which are essential to stability and wellness. San Diego Housing Commission staff will support case managers in identifying the best options to help individuals transition to longer-term housing that meets their unique needs, including utilizing Coordinated Entry System resources such as permanent supportive housing.

To further complement the array of available housing services, BHS, through a partnership with the City, will leverage American Rescue Plan Act (ARPA) funding along with dedicated funding from the City, to expand transitional housing, recuperative care, and other healthcare service coordination and engagement at the new Palm Avenue Wellness and Recovery Center to improve health outcomes and decrease utilization of high-cost services for adults who are not yet connected to care. Services at will be available to adults with SUD and/or co-occurring conditions who are experiencing homelessness, have additional complex social needs, and meet one of the following criteria:

- Recent interaction with law enforcement or be transitioning from incarceration back into the community,
- Recent inpatient mental health admission,
- At high risk for overdose and/or suicide,
- Recent utilization of crisis services, emergency rooms, or inpatient services as a sole source of care,
- Have experienced two or more sobering services episodes in the past 12 months, or
- Have two or more additional complex social needs that are negatively impacting health.

Today's actions seek authorization to:

- Issue a competitive solicitation for behavioral health services at the Palm Avenue Wellness and Recovery Center and award contracts for an initial term of up to one year, with four option years, and up to an additional six months; and
- Execute a revenue agreement for Fiscal Year (FY) 2022-23 with the City to operate behavioral health services at the Palm Avenue Wellness and Recovery Center.

Workforce

Efforts are ongoing to ensure the appropriate level of harm reduction training is offered to each sphere of our workforce. PHS and BHS are developing a comprehensive training plan to ensure the workforce has knowledge of harm reduction principles and how to apply those principles to current and future services, including naloxone community distribution and clean syringe services. Trainings include specialized emphasis for the clinical staff at the San Diego County Psychiatric Hospital to support to the inpatient population. Training is also available for County staff who distribute naloxone.

**SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)**

To support the development, clinical design, implementation, and oversight of the Palm Avenue Wellness and Recovery Center and Naloxone Distribution Program, along with services that support the broader Harm Reduction Strategy, including C-HRT and Safe Haven services.

Today's action requests five new full-time equivalent (FTE) positions. This staff will design, develop, execute, and provide administrative and clinical oversight in support for these services; facilitate collaboration with community partners, stakeholders, and consumers; and support the development of future services as the Harm Reduction Strategy matures.

Drug Medi-Cal Organized Delivery System Implementation Update

On March 27, 2018 (2), the Board approved the implementation of the Section 1115 Medicaid Demonstration Waiver Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot program, beginning July 1, 2018. DMC-ODS implementation dramatically transformed the entire SUD system to better serve individuals struggling with harms from substance use by offering comprehensive, evidence-based care to support each person's journey to recovery. Most notably, DMC-ODS implementation:

- Provided an unprecedented opportunity to accelerate the integration of SUD specialty care with the mainstream healthcare system to improve access to services and drive better outcomes.
- Enabled more local control and accountability, provided greater administrative oversight, created utilization controls to improve care and efficiency, and implemented evidence-based practices in SUD treatment.
- Provided opportunity to integrate and interface substance use services with harm reduction programs and activities to expand the continuum of services offered.

Volume

As reported in the last DMC-ODS update on October 27, 2020 (6), the COVID-19 pandemic precipitated a behavioral health crisis as local data indicated a substantial uptick in deaths related to substance use, with a significant proportion of these deaths involving the use of fentanyl. Had it not been for the substantial investments made by the Board in DMC-ODS, outcomes may have been far worse. Now in the third year of DMC-ODS implementation, we continue to learn the scope of impact of the pandemic, behavioral health workforce shortages, physical distancing precautions, and shifts in referral sources, which can all likely be attributed as factors in significant service volume decline between FY 2019-20 and FY 2020-21:

- 10% decrease in total services
- 16% decrease in admissions
- 17% decrease in unique clients admitted to programs

Since inception of DMC-ODS, the SUD provider workforce has worked tirelessly, providing services to over 30,000 clients across all levels of care between July 2018 and October 2021. Additionally, 75% of 13,000 unique clients served received at least one case management service in FY 2020-21, reflecting a commitment to delivering increasingly individualized and client centered services. BHS also invested approximately \$4.8 million for recovery residences and housed over 1,700 individuals, representing a 20% increase in individuals housed compared to the

**SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)**

prior fiscal year. In FY 2021-22, BHS increased investments for recovery residences by \$0.5 million to enhance the number of individuals who can access services.

Need Among Youth

Though the County continues to prioritize investments in treatment services, substance use among adolescents continued to be prevalent and was exacerbated by the pandemic. In 2020, the number of drug-related overdose deaths increased by 56% among San Diego County youth between the ages of 16 to 25, when compared to the previous year, likely fueled by a 132% increase in accidental fentanyl-caused overdose deaths among this age group. These increases are consistent with what providers are observing in the community. According to an internal pandemic impact assessment completed in collaboration with University of California, San Diego researchers and BHS leadership, clinicians reported that youth entered County behavioral health services with significantly greater substance use needs during the pandemic.

Despite the ongoing availability of SUD services for youth during the pandemic, utilization of SUD services showed a decline, primarily resulting from school closures. Impacts to school-based referral sources and shifts in familial pressures, which were drivers for youth engagement pre-pandemic, were also likely contributing factors. Similarly, our system showed an overall decline in the number of adolescents being referred by the justice system to SUD treatment. The number of regional youth active in the juvenile justice system is nearing record lows. BHS and Probation continue to collaborate on opportunities to refer young people at-risk or currently involved with the juvenile justice system to community treatment resources to support their long-term success.

BHS has sustained programs and developed new outreach and engagement programs for children and youth, including Out and About, to build resiliency, pro-social competencies, and life skills to steer adolescents away from substance use. BHS continues to develop children-friendly educational campaigns and materials that emphasize the dangers of fentanyl use to complement the array of prevention programs already in existence, including the It's Up to Us campaign, Friday Night Live, and Club Live. BHS substance use prevention-related goals include minimizing adolescents who start using substances, providing substance use intervention at the earliest opportunity, and offering treatment services.

The pandemic has created an urgent need to reshape existing engagement efforts to connect children and youth to SUD services and optimize opportunities for screening and early intervention. BHS is committed to investing in school partnerships to ensure that universal social-emotional screening tools and referral resources are available, which will be pivotal in ensuring upstream intervention and maximizing engagement efforts for youth who misuse substances.

Quality

In FY 2020-21, there were several successful efforts that bolstered the quality of care within the system. The County invested nearly \$0.6 million of one-time funding to support DMC-ODS contracted providers in largely shifting to a telehealth model of service delivery, when appropriate, including the acquisition of telehealth equipment for clients to ensure continuity of connection to services. Over 40% of adult and perinatal outpatient services were delivered via telehealth and nearly 50% of adolescent outpatient services were conducted in-person. The Opioid Treatment Programs, contributing to over 60% of overall DMC-ODS encounters, remained stable despite

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

challenges associated with the pandemic. Additionally, the proportion of clients stepping down from methadone increased by 2% and buprenorphine dosing encounters increased by 25%, compared to the prior fiscal year.

Financial Sustainability

Though BHS contractors have experienced challenges in ramping up services and fully maximizing billing for DMC-ODS services, contractors have continued to demonstrate a positive trend in increased billing for outpatient and residential by more than doubling DMC-billable claims since FY 2018-19, which supports the County's continued commitment to optimizing revenues.

HHSA and Sheriff's Department Medication Assisted Treatment Implementation Update

Promoting cross-sector alignment and increasing access to healthcare services such as medication assisted treatment (MAT) are critical components of the County's Harm Reduction Strategy and were added to the BHS array of services upon DMC-ODS implementation. People who have been recently incarcerated are at increased risk for overdose and therefore the implementation of screening, induction, care management, and continuity for MAT services in County detention facilities has been an urgent priority. Notably, MAT directly improves health-related outcomes, by reducing overdose risk and improving survival, promotes public safety by reducing the risk of crime for people on MAT, and increases the patient's ability to be gainfully employed.

HHSA and the San Diego County Sheriff's Department (Sheriff's Department) continue to work collaboratively and have initiated a Memorandum of Understanding as partners with a shared goal to enhance access to health services and reduce harms to people who use substances. This includes ensuring continuity of care for MAT and establishing a robust continuous quality improvement program for ongoing evaluation. HHSA's and Sheriff's clinical, medical, and administrative teams have jointly toured detention facilities with MAT programs to gather best practices and learn from established local programs. Teams are working collaboratively towards a phased implementation of MAT at all Sheriff's Department detention settings. Access to the medication assisted treatment, methadone, is already available to pregnant women at Las Colinas Detention Facility by way of an arrangement with a local opioid treatment provider.

Additionally, the Sheriff's Department has continued buprenorphine for several incarcerated patients upon receipt of health information from community care providers. Positions have been identified to provide comprehensive MAT and hiring and training is underway. By December 2021, electronic health record changes will be in place to optimize MAT quality of care and regulatory compliance. Building on existing MAT services available at Las Colinas Detention and Reentry Facility (LCDRF), it is anticipated significant program growth will occur by the end of this year and ability to manage MAT induction to begin as soon as additional prescribers are identified and hired. Comprehensive MAT services including assessment, induction, care management and care coordination will be expanded to the San Diego Central Jail, the Vista Detention Facility, and the George Bailey Detention Facility once the model is designed with lessons learned from the LCDRF expansion and the appropriate numbers of staff are hired and trained.

In addition to this update, today's action also seeks approval to shift away from topic-specific reporting on a pre-set cadence – specifically DMC-ODS and MAT provided through Opioid

SUBJECT: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

Treatment Programs reporting – to providing updates as key developments are identified. This will help ensure updates are provided to the Board in a timely and comprehensive manner.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's actions support the County of San Diego's (County) 2021-2026 strategic initiatives of Building Better Health and Living Safely, as well as the County's *Live Well San Diego* vision, by transforming care to support people who misuse substances through strategic partnerships and implementation of proven harm reduction strategies.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



ITEM #22: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY

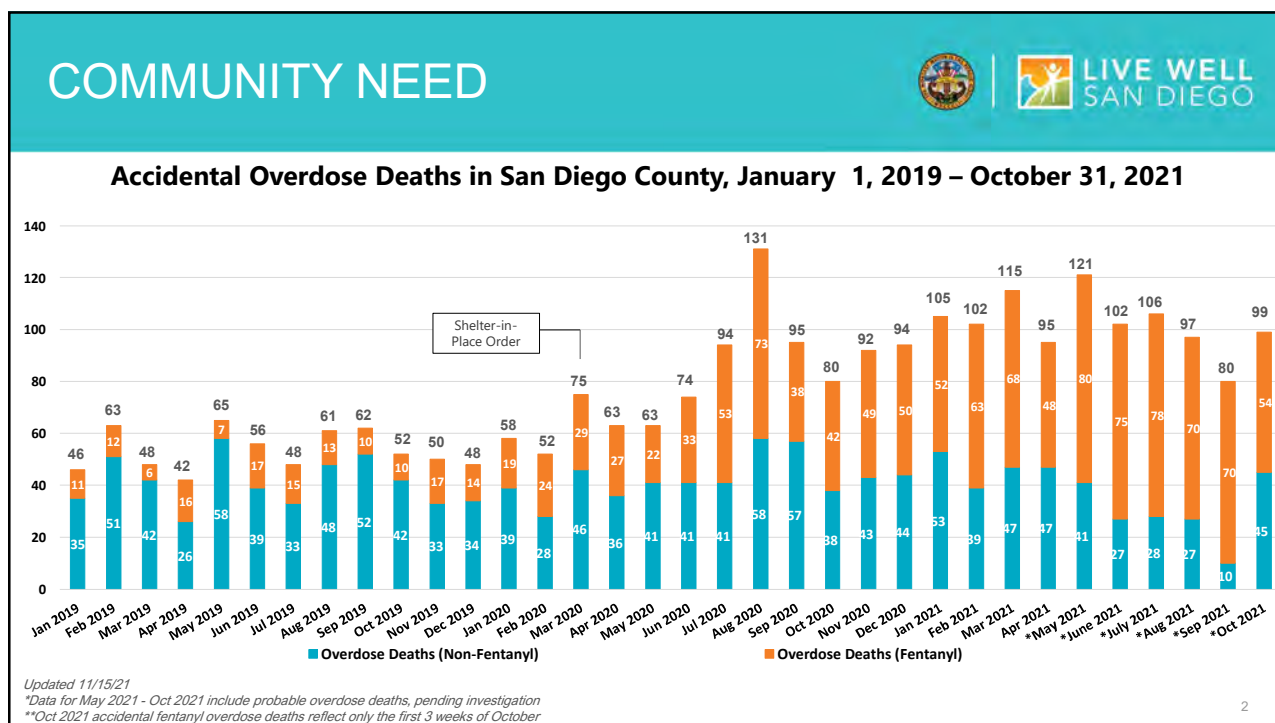
Nick Macchione, Agency Director, Health and Human Services Agency
 Wilma J. Wooten, MD, MPH, Public Health Officer and Director, Public Health Services
 Luke Bergmann, PhD, Director, Behavioral Health Services
 Nicole Esposito, MD, Chief Population Health Officer, Behavioral Health Services

December 7, 2021



LIVE WELL
SAN DIEGO

1



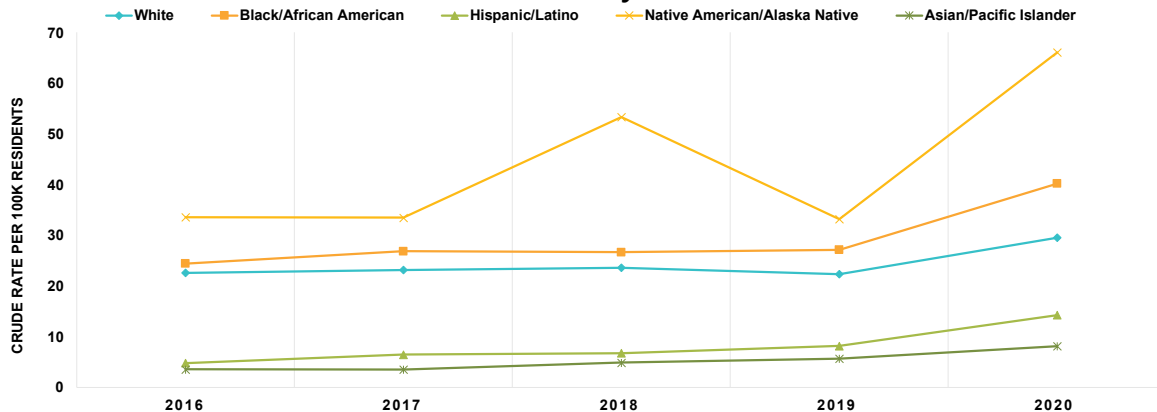
2

COMMUNITY NEED



LIVE WELL
SAN DIEGO

5-year Trends of Drug Overdose Deaths Among San Diego County Residents by Race/Ethnicity, 2016-2020



*Includes acute poisonings where drugs, any opioid, or fentanyl was a causative factor in death, regardless of intent (e.g., accidental, suicide, homicide, or undetermined). Excludes deaths due to natural causes.
 **2020 death data are preliminary - rates may change when pending cases are resolved.
 NOTE: Rates are suppressed for <5 deaths and include resident deaths that occurred within San Diego County only. See ME disclaimer for more information.
 Source: County of San Diego, Department of the Medical Examiner (2016-2020); SANDAG 2020 Population Estimate (v. 9/2/2021)
 Prepared by: County of San Diego, Behavioral Health Services, Clinical Director's Office, Population Health Unit. Date: 10/2021

3

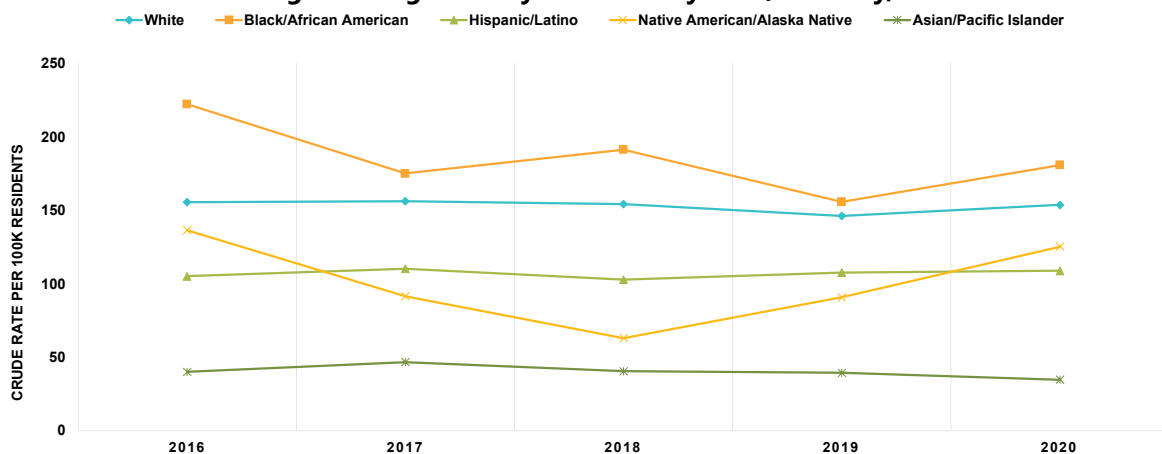
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COMMUNITY NEED



LIVE WELL
SAN DIEGO

5-year trends of Emergency Department Discharge Due to All Drug-Related Overdoses Among San Diego County Residents by Race/Ethnicity, 2016-2020



Source: California Department of Public Health, California Overdose Surveillance Dashboard, 2016-2020.
 Prepared by: County of San Diego, Behavioral Health Services, Clinical Director's Office, Population Health Unit. Date: 10/2021

4

4

COMMUNITY NEED



LIVE WELL
SAN DIEGO

1 in 13

**SAN DIEGANS HAVE A
SUBSTANCE
USE DISORDER**



65%

**INCREASE IN
ALCOHOL-RELATED DEATHS**



990%

**INCREASE IN THE
FENTANYL-RELATED
OVERDOSE DEATH RATE**

5

5

COUNTY OF SAN DIEGO HARM REDUCTION STRATEGY



LIVE WELL
SAN DIEGO

COUNTY OF SAN DIEGO HARM REDUCTION STRATEGY STRATEGIC DOMAINS & BODIES OF WORK

CROSS-SECTORAL CONVENING



Substance Use Harm
Reduction Taskforce

HEALTHCARE INTEGRATION & ACCESS



Naloxone
Distribution Program
& Standing Order

Syringe Service
Program
Implementation

DMC-ODS
Implementation

HOUSING



C-HRT/Safe Haven

Permanent
Supportive Housing

WORKFORCE



Peer Support
Workforce

Workforce Taskforce

6

6

SUBSTANCE USE HARM REDUCTION TASKFORCE



LIVE WELL
SAN DIEGO



CROSS-SECTORAL CONVENING

- Combining the Prescription Drug Abuse Task Force (PDATF) and the Methamphetamine Strike Force (MSF)
 - Shared governance and equal representation under a new name
- Population Health Steering Committee
 - Co-chaired by Behavioral Health Services and Public Health Services

SUBSTANCE USE HARM REDUCTION TASK FORCE



7

7

NALOXONE DISTRIBUTION & SYRINGE SERVICE PROGRAM



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

Local Naloxone Distribution Effort

- Approximately 31,500 naloxone kits received in San Diego County
 - 18,000 estimated for community distribution
- Target of 33,000 kits distributed to the community annually



Syringe Service Program (SSP) Action Plan

- Community Readiness Assessment contract established with the SDSU Research Foundation, Institute for Public Health (IPH)
 - Estimated completion: March 2022
- Goal of piloting syringe services in spring/summer of 2022

8

8

MEDICATIONS FOR ADDICTION & DMC-ODS



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

Medications for Addiction in San Diego County Jails

- Pilot at Las Colinas
 - Buprenorphine Induction model with assessment, induction, care coordination
 - Data on volume of likely patients
 - Timing until moving to other facilities

Drug Medi-Cal Organized Delivery System

- Volume
- Quality
- Financial Sustainability

9

9

DMC-ODS: VOLUME

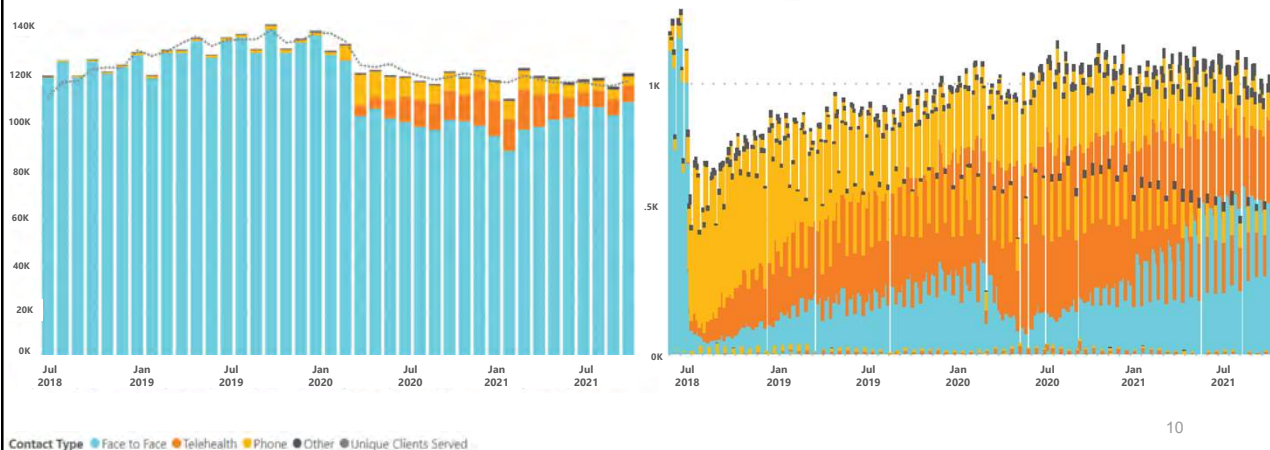


LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

Number of DMC-ODS Encounters/Services Provided, July 1, 2018 – October 21, 2021



10

10

DMC-ODS: QUALITY



LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

ACCESS TO CARE

OVER 90%

INITIATION & ENGAGEMENT

OVER 90%

INDIVIDUALIZED CARE

46% → 76%

CLIENTS RECEIVING CASE MANAGEMENT
YEAR 1 TO YEAR 3

14% → 40%

CLIENTS RECEIVING INTENSIVE OUTPATIENT
SERVICES YEAR 1 TO YEAR 3

11

11

DMC-ODS: QUALITY

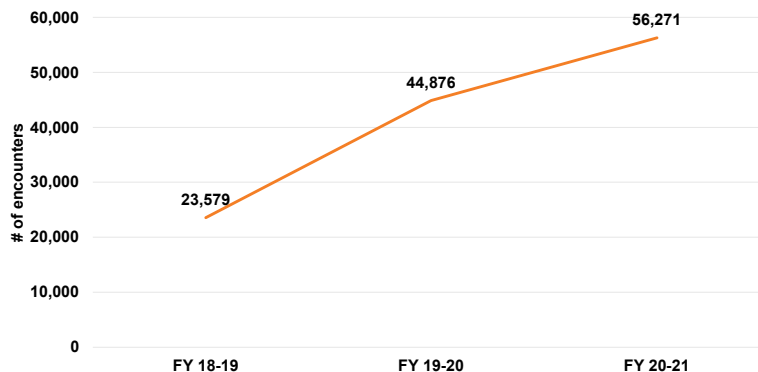


LIVE WELL
SAN DIEGO



HEALTHCARE INTEGRATION & ACCESS

Buprenorphine Service Encounters, Fiscal Year 2018-19 to 2020-21



139%

INCREASE IN
BUPRENORPHINE
ENCOUNTERS
FY18-19 TO 20-21

Note: Buprenorphine and Buprenorphine/Naloxone
(Buprenorphin-Naloxon, Bunavail, Suboxone, Zubsolv)

12

12

HOUSING



LIVE WELL
SAN DIEGO



HOUSING

- Deployment of a new **Community Harm Reduction Team (C-HRT)**
 - Two additional teams planned for Central Region
 - Future countywide expansion of C-HRTs
- Expansion of **short-term and bridge housing**
 - Addition of shelter beds and Safe Haven capacity
- Investments planned to support transition from short-term and bridge housing into **permanent supportive housing**
- Establishment of the new **Palm Avenue Wellness and Recovery Center**

13

13

WORKFORCE



LIVE WELL
SAN DIEGO



WORKFORCE

Harm Reduction Training

- Appropriate level of harm reduction training for each sphere of the workforce
 - Harm reduction training is available to all BHS contractors, to include peer workforce
 - Training available to County staff who distribute naloxone

Workforce Taskforce

- San Diego Workforce Partnership
 - Establishment of a steering committee
 - Initiatives to support workforce ecosystem in San Diego County

14

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RECOMMENDATIONS



- Receive an update on Harmful Substance Use in San Diego County and the implementation of DMC-ODS.
- Issue a competitive solicitation for naloxone distribution services and for behavioral health services at the Palm Avenue Wellness and Recovery Center.
- Execute a revenue agreement with the City of San Diego to operate services at the Palm Avenue Center and waive Board Policy B-29.
- Sunset time-certain reporting for DMC-ODS and Medication Assisted Treatment.
- Add 5.0 full time equivalent (FTE) positions to Behavioral Health Services.
- Authorize the HHSA Director to apply for future funding to support, enhance, or expand harm reduction services.

15

15

ITEM #22: UPDATE ON HARMFUL SUBSTANCE USE IN SAN DIEGO COUNTY

Nick Macchione, Agency Director, Health and Human Services Agency

Wilma J. Wooten, MD, MPH, Public Health Officer and Director, Public Health Services

Luke Bergmann, PhD, Director, Behavioral Health Services

Nicole Esposito, MD, Chief Population Health Officer, Behavioral Health Services

December 7, 2021



16



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: December 14, 2021

XX

TO: Board of Supervisors

SUBJECT

**AUTHORIZE CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS
(DISTRICTS: ALL)**

OVERVIEW

On February 14, 2020, the San Diego County Public Health Officer issued a Declaration of Local Health Emergency, pursuant to California Health and Safety Code Section 101080. Additionally, on that day, pursuant to California Government Code 8630, the Chief Administrative Officer (CAO), serving as the County of San Diego (County) Director of Emergency Services and as the Coordinator of the Unified San Diego County Emergency Services Organization, issued a Proclamation of Local Emergency regarding COVID-19.

The County continues to make significant efforts to slow the spread of COVID-19. Today's actions request the San Diego County Board of Supervisors (Board) to adopt a resolution authorizing continuance of teleconferenced public meetings using simplified procedures. The Board will need to review and renew the findings at least every 30 days if it wishes to continue the authorization of teleconferenced public meetings using the simplified procedures. This action will also continue the County's commitment to transparency, open government, and the removal of traditional barriers to access and participation in government affairs.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Adopt a resolution entitled RESOLUTION AUTHORIZING CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS PURSUANT TO GOVERNMENT CODE SECTION 54953.

EQUITY IMPACT STATEMENT

To continue the County's commitment to transparency and open government and remove traditional barriers to access and participation in government affairs, today's actions provide the mechanism to continue teleconferenced public meetings which will have a positive impact on the lives of Black, Indigenous, People of color, women, people with disabilities, immigrants, youth, the LGBTQ community, and economically disadvantaged.

SUBJECT: AUTHORIZE CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS (DISTRICTS: ALL)

FISCAL IMPACT

There is no fiscal impact associated with the proposed action. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Since March 2020, the San Diego County Board of Supervisors (Board) and its associated commissions, governing bodies, and advisory boards have conducted meetings remotely (or have a mixed attendance of in-person and remote Board members) in accordance with previous Executive Orders issued by the Governor. Assembly Bill 361 became law on September 16, 2021 and allows local agencies subject to the Brown Act to continue remote attendance for meetings under simplified procedures, but only if either: a) there is still a "statewide" emergency, and State or local officials have imposed or recommended measures to promote social distancing, or b) the Board finds that "meeting in person would present imminent risks to the health or safety of attendees." (Gov't Code 54953 (e) (1), added by AB361). On September 23, 2021, the Public Health Officer issued a letter recommending the utilization of teleconferencing options for public meetings as an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from COVID-19.

Today's action requests the Board, also sitting as the legislative body of the Housing Authority of the County of San Diego, County of San Diego In-Home Supportive Services Public Authority, San Diego County Fire Protection District, San Diego County Sanitation District, San Diego County Flood Control District, and the County of San Diego Successor Agency to the County of San Diego Redevelopment Agency, adopt a Resolution that will allow the Board to continue to utilize teleconferencing under simplified procedures. The Board of Supervisors took similar actions previously at its meetings on October 5, 2021 (10), November 2, 2021 (11), and November 16, 2021 (11). To continue to use the simplified teleconferencing procedures, the Board will need to act no less than every 30 days to reaffirm the authorization of teleconferenced public meetings.

The County also has many other boards, committees, and commissions subject to the Brown Act, and this Resolution is, to the extent legally possible, intended to make the required findings on their behalf. However, it is recommended that each of these legislative bodies subject to the Brown Act also make findings consistent with AB 361.

SUBJECT: AUTHORIZE CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS (DISTRICTS: ALL)

ATTACHMENT A

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Building Better Health and Living Safely initiatives in the County of San Diego's 2021-2026 Strategic Plan, as well as the County of San Diego's *Live Well San Diego* vision, by protecting the population from the COVID-19 pandemic while encouraging participation in public affairs.

Respectfully submitted,



HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – RESOLUTION AUTHORIZING CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS PURSUANT TO GOVERNMENT CODE SECTION 54953

RESOLUTION AUTHORIZING CONTINUANCE OF TELECONFERENCED PUBLIC MEETINGS PURSUANT TO GOVERNMENT CODE SECTION 54953

WHEREAS, international, national, state, and local health and governmental authorities are responding to an outbreak of respiratory disease caused by a novel coronavirus named "SARS-CoV-2," and the disease it causes has been named "coronavirus disease 2019," abbreviated COVID-19, ("COVID-19"); and,

WHEREAS, on January 30, 2020, the World Health Organization ("WHO") declared a Public Health Emergency of International Concern as a result of the COVID-19 virus. On January 31, 2020, the United States Secretary of Health and Human Services also declared a Public Health Emergency of the COVID-19 virus; and,

WHEREAS, on February 14, 2020, the San Diego County Health Officer declared a Local Health Emergency and the Emergency Services Director proclaimed a Local Emergency as a result of the COVID-19 virus, which were subsequently ratified by the Board of Supervisors on February 19, 2020; and,

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency ("State of Emergency") pursuant to Government Code section 8635 (California Emergency Services Act), in response to the COVID-19 pandemic; and,

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the Ralph M. Brown Act ("Brown Act") (Government Code section 54950 *et seq.*), provided certain requirements were met and followed; and,

WHEREAS, on June 11, 2021, Governor Newsom issued Executive Order N-08-21 that clarified the suspension of the teleconferencing rules set forth in the Brown Act, and further provided that those provisions would remain suspended through September 30, 2021; and,

WHEREAS, on September 16, 2021, Governor Newsom signed Assembly Bill 361 which provides that a legislative body subject to the Brown Act may use revised teleconference rules provided under Government Code section 54953(e) if the legislative body makes certain findings and those findings are reconsidered every thirty (30) days, as applicable; and,

WHEREAS, on September 20, 2021, Governor Newsom issued Executive Order N-15-21 that suspended AB 361 through September 30, 2021; and,

WHEREAS, the proclaimed State of Emergency remains in effect; and,

WHEREAS, the California Occupational Safety and Health Standards Board adopted California Code of Regulations, title 8, section 3205, which states, "particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19, but

ATTACHMENT A

are most effective when used in combination;” and,

WHEREAS, on or about September 23, 2021, Dr. Wilma Wooten, the County of San Diego’s Public Health Officer issued a letter recommending the utilization of teleconferencing options for public meetings as an effective and recommended social distancing measure to facilitate participation in public affairs and encourage participants to protect themselves and others from the COVID-19 virus (the “Teleconferencing Recommendation”) and that letter is still in effect; and,

WHEREAS, the Board of Supervisors is empowered by Article XI, section 7 of the California Constitution to take actions necessary to protect public, health, welfare and safety within the unincorporated areas of the County; and,

WHEREAS, the County has an important governmental interest in protecting the health, safety and welfare of those who participate in meetings of the County’s various legislative bodies subject to the Brown Act; and,

WHEREAS, this Resolution is a regulation in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the Board of Supervisors deems it necessary to take action for purposes of utilizing the provisions of AB 361 related to teleconferencing.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Supervisors of the County of San Diego and also sitting as the legislative body of the Housing Authority of the County of San Diego, County of San Diego In-Home Supportive Services Public Authority, San Diego County Fire Protection District, San Diego County Sanitation District, San Diego County Flood Control District, County of San Diego Successor Agency to the County of San Diego Redevelopment Agency, as follows:

1. The recitals set forth above are true and correct and form the basis for the finding of this Resolution.
2. The Board of Supervisors has reconsidered the circumstances of the State of Emergency, which remains in effect, and state or local officials continue to recommend measures to promote social distancing, including but not limited to the Teleconferencing Recommendation.
3. To the extent legally permissible, this finding applies to all boards, commissions and committees of the County of San Diego, including those established by the Board of Supervisors or where the Board of Supervisors sits as the legislative body of the applicable entity and are subject to the Brown Act, and further to all County of San Diego related legislative bodies subject to the Brown Act, including, but not limited to, the First 5 Commission of San Diego, and the San Diego County Planning Commission.

ATTACHMENT A

4. In order to satisfy the requirements of Government Code section 54953(e)(3), the Chief Administrative Officer is directed to return no later than thirty (30) days after the adoption of this Resolution with an item for the Board’s consideration of appropriate findings.
5. The Clerk of the Board, County Administrative Officer, staff of any legislative body subject to this Resolution, and County Counsel are directed to take any other necessary or appropriate actions to implement the intent and purposes of this Resolution.
6. This Resolution shall take effect immediately upon its adoption.

Approved as to Form and Legality

LONNIE J. ELDRIDGE, County Counsel
By Rachel H. Witt, Chief Deputy

Children, Youth and Families

SERVICES DIRECTORY



BEHAVIORAL HEALTH SERVICES

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[Health & Human Services Agency \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/health-human-services) [Behavioral Health Services \(sandiegocounty.gov\)](https://www.sandiegocounty.gov/behavioral-health-services)

Updated January 2022



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Please send all directory corrections and updates to Yvonne.Gage@sdcounty.ca.gov

Youth Services Survey (YSS)

Feedback from Families and Youth

County of San Diego Health & Human Services Agency

The purpose of the survey is to gather anonymous feedback from parents/caregivers and youth over the age of 13 receiving county mental health services in an effort to make improvements in the Children, Youth & Families Mental Health System of Care.

Thank you for participating and for your valuable feedback!

Please note that these are system summary results and may or may not apply to your program.

What is the YSS?

The YSS is a state-mandated survey that rates client and parent/caregiver satisfaction with services and perception of outcomes using a 5-point scale (strongly disagree to strongly agree).

There are four sections of the survey:

1. Fifteen satisfaction questions
2. Seven outcomes questions
3. Four support questions
4. Open comments

The survey that took place during the week of June 21-25, 2021 was administered both online and in-person.

What do we do with your feedback?



The program monitors at the Behavioral Health Services Administration review feedback and data, and engage in follow-up with the programs.

The survey is administered once or twice a year, and program monitors use the data to identify trends.

Your anonymous comments and feedback are converted to uniform text format and are returned to the programs in an effort to make improvements in the system. The comments do not have any identifiers.

June 2021 Survey Response

More than 2,500 surveys were submitted from approximately 70 programs. Some surveys did not have enough information filled out. More than 1,600 surveys had enough information to review.

Surveys are not given to clients in crisis or in inpatient settings.

Parent/caregiver: 1,014 surveys

Youth: 615 surveys

Key Findings

- ◆ Overall satisfaction remained high for services received during the COVID-19 pandemic.
- ◆ Satisfaction varies by client and program.
- ◆ Parents/caregivers are more satisfied overall with behavioral health services than youth are.
- ◆ Youth receiving residential services are least satisfied, as compared to youth receiving other services like outpatient therapy.

Areas For Improvement

- ◆ **13%** of youth reported they did not have a voice in the selection of services they received.
- ◆ **15%** of parents/caregivers did not agree or were not sure if they got as much help as they needed for their child.
- ◆ **11%** of youth reported that services did not improve their school or work performance.
- ◆ **13%** of youth felt that services did not improve their family relationships.
- ◆ **16%** of youth and **10%** of parents/caregivers were not satisfied with their family life at the time they were surveyed.

Cultural Sensitivity

- ◆ **97%** of caregivers and **90%** of youth were satisfied with the cultural sensitivity of their providers and program staff.

Youth and Family Comments

What has been the most helpful thing about the services you/your child received?

"I'm able to cope better and sometimes solve on my own due to all the help I've been given."

"Being able to express my feelings to someone with no judgement."

"Your program is a great way to support and educate the whole family."

"Services have been provided in person."

What would improve the services here?

"Consistency My child has changed therapists three times in the last 8 months."

"Improve the communication with the psychiatrist, therapist and the patient."

"More sessions, follow up sessions to be sure things are remaining well."

"Schedule flexibility for parents that work during business hours."

Where does this survey go after I complete it?

The research team at the Child and Adolescent Services Research Center (CASRC) is contracted to collect, review and report on the YSS.

Youth Services Survey (YSS)

Retroalimentación de Familias y Jóvenes

County of San Diego Health & Human Services Agency

El propósito de la encuesta es para recopilar retroalimentación anónima de los padres/proveedores de cuidado y jóvenes mayores de 13 años que reciben servicio de salud mental con el esfuerzo de hacer mejoramiento en los Niños, Jóvenes y Familias del cuidado del Sistema de Salud Mental.

¡Gracias por su participación y por su valiosa retroalimentación!

Por favor, tenga en cuenta que estos son los resultados del resumen del sistema y pueden o no aplicarse a su programa.

¿Qué es el YSS?

El YSS es una encuesta de mandato estatal que clasifica la satisfacción del cliente y de los padres/proveedores de cuidado con los servicios y la percepción de los resultados utilizando una escala de 5 puntos (definitivamente en desacuerdo a definitivamente de acuerdo).

Hay cuatro sesiones de la encuesta:

- 1) Quince preguntas de satisfacción
- 2) Siete preguntas de resultados
- 3) Cuatro preguntas de apoyo
- 4) Comentarios abiertos

La encuesta que ocurrió durante la semana del 21 al 25 de junio de 2021, se administró tanto en línea como en persona.

¿Qué hacemos con su retroalimentación?



Los monitores del programa en la Administración de Servicios de Salud del Comportamiento revisan la retroalimentación y los datos, y participan en el seguimiento de los programas.

La encuesta se realiza una o dos veces al año, y los monitores del programa utilizan los datos para identificar las tendencias.

Sus comentarios anónimos y retroalimentación son convertidos a un formato de texto uniforme y se les regresa al programa con el esfuerzo de hacer mejoras al sistema. Los comentarios no tienen identificadores.

Respuesta de la Encuesta de Junio 2021

Más de 2,500 encuestas fueron sometidas de aproximadamente 70 programas. Algunas encuestas no tenían suficiente información. Más de 1,600 encuestas tuvieron suficiente información para repasar.

Las encuestas no se les da a clientes en crisis o hospitalizados.

Padres/Proveedores de Cuidado:

1,014 encuestas

Jóvenes: 615 encuestas

Descubrimientos Clave

- ◆ La satisfacción general siguió siendo alta por los servicios recibidos durante la pandemia de COVID-19.
- ◆ La satisfacción varía por cliente y programa.
- ◆ Padres/proveedores de cuidado están más satisfechos en general con los servicios de salud mental que los jóvenes.

Área de Mejora

- ◆ **13%** de los jóvenes reportaron que no tenían voz en la selección de los servicios que recibieron.
- ◆ **15%** de los padres/proveedores de cuidado no estaban de acuerdo o no estaban seguros si recibieron la suficiente ayuda que necesitaban para su hijo/a.
- ◆ **11%** de los jóvenes reportaron que los servicios no mejoraron su funcionamiento en la escuela y/o en el trabajo.
- ◆ **13%** de los jóvenes sintieron que los servicios no mejoraron sus relaciones con familiares.
- ◆ **16%** de los jóvenes y **10%** de los padres/proveedores de cuidado no estaban satisfechos con su vida familiar en el momento de la encuesta.

Sensibilidad Cultural

- ◆ **97%** de los proveedores de cuidado y **90%** de los jóvenes estaban satisfechos con la sensibilidad cultural de sus proveedores y del personal del programa.

Comentarios de jóvenes y familias

¿Qué ha sido lo que más le ha ayudado de los servicios que usted y su hijo(a) recibieron?

"Los servicios se han proporcionado en persona."

"Su programa es una gran manera de apoyar y educar a toda la familia."

"Poder expresar mis sentimientos a alguien sin que me juzgue."

"Puedo sobrellevarlo mejor y a veces resolverlo por mi cuenta debido a toda la ayuda que me han brindado."

¿Que mejoraría los servicios aquí?

"Más sesiones, sesiones de seguimiento para estar seguros de que las cosas siguen bien."

"Consistencia Mi hijo ha cambiado de terapeuta tres veces en los últimos 8 meses."

"Flexibilidad de horarios para los padres que trabajan durante el horario laboral."

"Mejorar la comunicación con el psiquiatra, terapeuta y el paciente."

¿A dónde va esta encuesta después de que la complete?

El equipo de investigación del Centro de Investigación de Servicios para Niños y Adolescentes (CASRC) está contratado para recopilar, revisar e informar sobre el YSS.


U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic - December 7, 2021

Today, U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory to highlight the urgent need to address the nation's youth mental health crisis. As the nation continues the work to protect the health and safety of America's youth during this pandemic with the pediatric vaccine push amid concerns of the emerging omicron variant, the U.S. Surgeon General's Advisory on Protecting Youth Mental Health outlines the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic.

The Surgeon General's advisory calls for a swift and coordinated response to this crisis as the nation continues to battle the COVID-19 pandemic. It provides recommendations that individuals, families, community organizations, technology companies, governments, and others can take to improve the mental health of children, adolescents and young adults.

"Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade," said **Surgeon General Vivek Murthy**. "The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation. Especially in this moment, as we work to protect the health of Americans in the face of a new variant, we also need to focus on how we can emerge stronger on the other side. This advisory shows us how we can all work together to step up for our children during this dual crisis."

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with [up to 1 in 5 children](#) ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students. Suicidal behaviors among high school students also [increased during the decade](#) preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a [44% increase from 2009 to 2019](#). Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. [increased by 57%, - PDF](#) and early estimates show more than [6,600 suicide deaths - PDF](#) among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This Fall, a coalition of the nation's leading experts in pediatric health [declared a national emergency](#) 

The Surgeon General's Advisory on Protecting Youth Mental Health outlines a series of recommendations to improve youth mental health across eleven sectors, including young people and their families, educators and schools, and media and technology companies. Topline recommendations include:

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Support the mental health of children and youth in educational, community, and childcare settings. And expand and support the early childhood and education workforce.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly. This includes more research on the relationship between technology and youth mental health, and technology companies should be more transparent with data and algorithmic processes to enable this research.

[Read the full Surgeon General's Advisory on Protecting Youth Mental Health - PDF](#)

Surgeon General's Advisories are public statements that call the American people's attention to a public health issue and provide recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that need the American people's immediate attention.

Emoji Drug Code Decoded

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

The Drug Enforcement Administration is aware of drug trafficking organizations using emojis to buy and sell counterfeit pills and other illicit drugs on social media and through e-commerce. Emojis, on their own, should not be indicative of illegal activity, but coupled with a change in behavior, change in appearance, or significant loss/increase in income should be a reason to start an important conversation. We understand initiating those conversations can be difficult so we have resources available at [DEA.gov/onepill](https://dea.gov/onepill).



Popular Emoji Drug Codes

| Oxycodone



| Xanax®



| Percocet®



| Adderall®



dea.gov/onepillcankill
#ONEPILLCANKILL

Other Emoji Drug Codes

Cocaine



Meth



Heroin



Marijuana



MDMA and Mollies



Cough Syrup



Drug Dealer Adverting that they Sell/Dealer



High Potency



Mushrooms



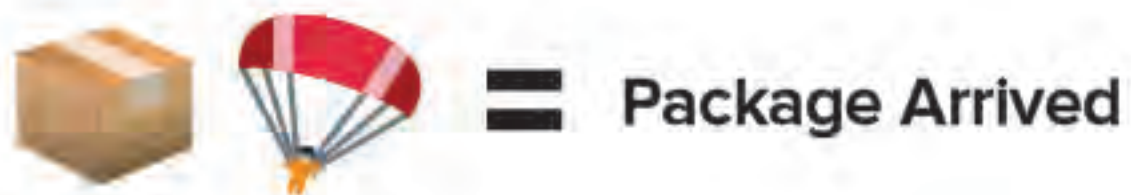
Universal for Drugs



Large Batch/Amount



Combination Emoji Drug Codes



= Package Arrived



= Mobile / Delivery

100pk = 100pk = 100 pills

This reference guide is intended to give parents, caregivers, educators, and other influencers a better sense of how emojis are being used in conjunction with illegal drugs. It is important to note this list is not all-inclusive and the images above are a representative sample.

"This presentation is for educational purposes. Images and brand names authored or created by parties other than DEA, including WhatsApp, may be subject to trademark or copyright protections. DEA's use of such materials does not reflect any sponsorship or endorsement by the authoring or creating parties."



County of San Diego

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LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

November 24, 2021

TO: Behavioral Health Advisory Board (BHAB)

FROM: LUKE BERGMANN, Ph.D., Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES 2021 YEAR-END DIRECTOR'S REPORT

***LIVE WELL SAN DIEGO* UPDATES / SPECIAL EVENTS**

Live Well Advance Conference and Schools Summit

The virtual *Live Well Advance Conference and Schools Summit* was held on Wednesday and Thursday, November 17th & 18th, 2021. Conference topics included equity, climate, homelessness, youth, schools, and personal and worksite wellness. The conference was an opportunity to bring local and national leaders together to connect to advance a shared vision of a healthy, safe, and thriving San Diego region.

BEHAVIORAL HEALTH SERVICES (BHS) YEAR IN REVIEW

This calendar year saw incredible advancement of critical services and initiatives in BHS, moving us closer to realizing the vision of moving from crisis to chronic and continuous care for San Diego County residents experiencing behavioral health conditions. A few highlights are included below, followed by updates from the teams within BHS.

Expanded Capacity of Crisis Stabilization Services

Crisis Stabilization Units (CSUs) provide, short-term (less than 24 hours) services for people who are experiencing a behavioral health crisis. 2021 saw incredible expansion of this critical service through the following:

- The North Inland Hospital-Based CSU at the Palomar Hospital campus in Escondido was expanded from 8 to 16 recliners. All 16 recliners were available beginning January 2021.
- The South Region Hospital-Based CSU located at Paradise Valley Hospital became operational with 12 recliners in April 2021.
- The North Coastal Community-Based CSU in Vista became operational with 12 recliners in October 2021.
- The North Coastal Live Well Center Community-Based CSU in Oceanside is estimated to open in early 2022. When operational, this facility will have 12 recliners available.

These facilities add to the existing crisis stabilization services at the San Diego County Psychiatric Hospital (18 beds) and the Community-Based Emergency Screening Unit serving children and youth (12 recliners).



Launch of Mobile Crisis Response Teams (MCRTs)

MCRTs provide a non-law enforcement, community-based crisis response designed to engage individuals in behavioral health services and reduce law enforcement interventions when clinically appropriate. MCRTs are comprised of clinicians, case managers, and peer support specialists to provide a clinician-only crisis intervention, triage for level of care need, link to appropriate behavioral health services, and if clinically indicated, transport to a crisis stabilization unit or walk-in assessment center as appropriate. MCRT began as a pilot program in January 2021 serving the North Coastal Region and as of today, MCRT is operational in East, North Central, South, and Central Regions. North Inland Region is estimated to be operational on December 8, 2021, completing countywide implementation.

Additionally, on November 10, 2021, BHS was notified by the California Department of Health Care Services (DHCS) that the department was **awarded \$18 million through the Crisis Care Mobile Units (CCMUs) program** funded through the Behavioral Health Continuum Infrastructure Program (BHCIP) and by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA). The CCMU funding must be utilized between September 15, 2021, and June 30, 2025, and will support the expansion of MCRTs throughout the region, with a priority on serving individuals ages 25 and younger.

Comprehensive County Substance Use Harm Reduction Strategy (Harm Reduction Strategy)

Building on existing work within BHS and Public Health Services (PHS), a comprehensive Harm Reduction Strategy was presented to the Board of Supervisors in June 2021. Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and includes a spectrum of strategies that meet people who use drugs “where they’re at” and address the conditions of use along with the use itself. The Harm Reduction Strategy is divided into four strategic domains: 1) Cross-sectoral convening, 2) Healthcare integration and access, 3) Housing, and 4) Workforce; and can be found by [clicking here](#). There is work being done across all four domains, including the implementation of housing strategies that are supportive of the County’s Framework for Ending Homelessness. The section below provides more details on a collaborative housing strategy that has rolled out in the City of San Diego.

ADULT AND OLDER ADULT (AOA) SYSTEM OF CARE

Behavioral Health Services, Community Harm Reduction Teams (C-HRT)

Within the Harm Reduction Strategy’s Housing domain is the deployment of the Community Harm Reduction Teams (C-HRT). The City of San Diego, San Diego Housing Commission, and the County of San Diego Health and Human Services Agency are collaborating on a joint effort to address the needs of individuals who are homeless in the City of San Diego, who also have substance use and co-occurring conditions, through the deployment of C-HRT). C-HRT’s multidisciplinary model of service includes peers as substance use counselors, a mental health clinician, a registered nurse, and a psychiatric consultation with a nurse practitioner. C-HRT is a low barrier engagement harm reduction team that provides just-in-time specialty services, connections to behavioral health services and designated bridge housing, including Safe Haven housing for difficult to engage clients with chronic substance use and co-occurring conditions. Wellness, stability, and permanent supportive housing is the goal.

Services include:

- Multidisciplinary team to engage individuals “where they are” and are experiencing homelessness, substance use, and co-occurring conditions.
- Specialty field-based harm reduction services for individuals experiencing homelessness with substance use and co-occurring conditions.
- Harm Reduction services to include outreach and engagement, low barrier, just in-time services and connection to primary care, behavioral health services, medication management, Medication Assisted Treatment and syringe exchange services.
- Care coordination with existing Central Region Homeless Teams for a “hot hand-off”.

PATH San Diego Homeless Outreach Program (SD-HOP)

SD-HOP is a Countywide Homeless Outreach and engagement program designed to help individuals with mental health and substance use issues who are also experiencing homelessness. Individuals will receive a behavioral health screening, short-term case management, and connections to an array of housing options and behavioral/physical health care and community-based resources. The SD-HOP operates from a client-centered and continuous engagement approach through field-based services; ninety percent (90%) of all services are conducted in the field and services are countywide.

Behavioral Health Services (BHS) & San Diego Housing Commission Joint Procurement

BHS partnered with San Diego Housing Commission on a joint RFP for Behavioral Health Support Services (BHSS) at two San Diego Housing Properties. The BHSS programs will provide on-site support to the residents at the Kearny Vista (142 units) and Valley Vista (190 units) properties. Residents will be screened by the BHSS providers and linked to ongoing BHS and ancillary services. The Kearny Vista contract was awarded to Telecare Corporation and executed on October 27, 2021. The Valley Vista contract is expected to be awarded and executed in December 2021.

CLINICAL DIRECTOR'S OFFICE (CDO)

Long-Term Care Efforts

Continued efforts were made to support the acute inpatient care services that provide 24/7 inpatient psychiatric care. During this calendar year, six beds were added to Crestwood Fallbrook Healing Center and five beds were added to Alpine Special Treatment Center, both facilities designated as Institution for Mental Diseases (IMD) Mental Health Rehabilitation Centers (MHRC). With the addition of these 11 beds there are now a total of 286 IMD MHRC beds. There are planned efforts to expand beds in the Skilled Nursing Facility/Special Treatment Program (SNF/STP) and SNF Patch contracts to further support the long-term system of care, pending contract finalization. Additionally, during this calendar year 57 Augmented Services Programs Board and Care (ASP B&C) slots were added with the continued goal to expand capacity.

Cultural Competency Academy (CCA) – Executive Leadership Series

The CCA is a program under the Academy of Professional Excellence within San Diego State University Research Foundation. The CCA provided two executive leadership series to BHS contracted providers with a focus on creating antiracist organizations. The Executive CCA is designed for executives of behavioral health provider organizations and consists of three 90-minute virtual training sessions, a one-hour coaching call, an executive project, networking, offline work, and a final one-hour session to wrap up the series, as well as discuss individual executive project summaries and next steps. Themes that were discussed during this series include privilege and classism in behavioral health, executive allyship, and the tools to lead change within their organizations. In 2021, 14 behavioral health provider executives completed the series. The next series is scheduled to begin in January 2022.

12th Annual Primary Care and Behavioral Health Integration Summit

Health Quality Partners hosted the 12th Annual Primary Care and Behavioral Health Integration Summit in a virtual format over the course of three days in November 2021. There were 296 attendees at the Summit from many sectors of healthcare, including federally qualified health centers, behavioral health programs that included both mental health and substance use treatment providers, and other community-based organizations. The presentations covered a wide range of relevant and dynamic topics, including street medicine, telehealth best practices, empathic de-escalation strategies, and provider burnout. There was also an insightful opening keynote address on the power of implicit bias by Reverend Bryant T. Marks, PhD, who served on President Barack Obama's Board of Advisors and has provided implicit bias training to over 40,000 employees and volunteers in law enforcement, government, education, and healthcare organizations.

CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE

SchoolLink

SchoolLink is a partnership between BHS CYF, community-based organizations, and school districts throughout San Diego County to offer outpatient specialty mental health services (SMHS) and substance use disorder (SUD) treatment on school campuses that serve students on Medi-Cal and those who are low-income, uninsured, or underinsured. SchoolLink implements a standardized practice across the system of care, increases collaboration between schools and providers of mental health and SUD treatment programs, and provides system-level data that was previously unavailable.

Under the leadership of Board of Supervisors Chair, Nathan Fletcher, the School Mental Health Initiative allowed for substantial enhancements for SchoolLink contracts to assist the system in preparing to support students as they began the 2021-2022 school year. Contract amendments were completed in September/October 2021 to allow funding to promote the recruitment and sustaining of a vital workforce of clinicians. An emphasis on group therapy and provision of services on school campuses was promoted. Work in the sphere of student mental health continues, with efforts towards universal screening, the establishment of a contract with the Mental Health Services Oversight and Accountability Commission (MHSOAC) and San Diego County Office of Education (SDCOE) for the Creating Opportunities in Prevention and Eliminating Suicide (COPEs) Initiative, as well as collaborating with Managed Care Plans for the Student Behavioral Health Incentive Program that will be made available through the state.

Healing Opportunities for Personal Empowerment (HOPE)

The HOPE program, which officially launched in July 2021, is a collaboration between BHS and the Probation Department to provide a new intensive treatment program for in-custody youth. The HOPE program supports the juvenile justice system's transition to a positive youth development model while also focusing on the interrelated Triad of Treatment needs typical of youth who are in custody and provides evidence-based and evidence-informed treatments for criminogenic, mental health, and substance use. This innovative program allows BHS Juvenile Forensics Services Stabilization, Treatment, Assessment and Transition (STAT)-HOPE clinicians to work side-by-side with Probation staff in the units to create a therapeutic milieu that is both strengths-based and trauma-informed. Youth practice newly acquired skills in a safe environment, while also maintaining structure and personal accountability. As the Probation Department prepares to open the Youth Transition Campus, the HOPE program will shift from East Mesa to the new campus. The new site allows for enhanced campus living and is expected to have three HOPE units with 12 youth per unit. Clinicians will have space within the housing units which will allow for enhanced interactions and support.

EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY (Edgemoor)

Accomplishments

Edgemoor has been named annually as one of the top nursing facilities in the nation by US News and World Report since 2012. Edgemoor was ranked "The Best" nursing home in California by Newsweek two years in a row for their 2020 and 2021 rankings and was ranked 3rd in their 2022 rankings. Since December 2015, Edgemoor has maintained its five-star ranking on the Center for Medicare and Medicaid Services ranking system which looks at nursing home deficiencies from state and federal surveys, staffing levels, and performance on quality measures against other nursing homes in California.

COVID-19 Update

The COVID-19 pandemic continues to be at the forefront of operations at Edgemoor. Edgemoor continues to follow and implement the continually changing guidance of various local, state, and federal health organizations.

At the beginning of the year Edgemoor partnered with CVS Pharmacy to administer COVID-19 vaccinations on-site as part of the CDC Pharmacy Partnership Program for skilled nursing facilities, with plans in progress

to provide residents, staff, and contractors vaccine boosters. Currently, staff and contractors on-site at the facility are subject to the vaccination requirements of the California Public Health Order of August 5, 2021.

Facility Updates

The planning and development of a 12-bed acute psychiatric facility into the existing floor plan of Edgemoor continues. The project is pending California Department of Public Health and California Department of Health Care Access and Information (formerly the California Office of Statewide Health Planning and Development) review and approval.

PREVENTION AND COMMUNITY ENGAGEMENT (PCE) UNIT

Accomplishments

Two signature efforts garnered significant coverage for mental health and increased access to resources. The first of these was the May Is Mental Health Month (MIMHM) campaign that brought awareness and reduced mental health stigma through various activities including the creation of the BHS MIMHM website which included a community calendar, resources, and activities for the month of May. The month of May also included the Children's Mental Health Awareness Day which was observed with the lighting the County Administration Center in green, as well as weekly campaign e-mails to HHSA staff.

The second signature event was Recovery Happens which celebrated those in recovery and the people who support them. The event featured music, inspirational stories, and a proclamation sponsored by Chair Fletcher honoring National Recovery Month. PCE staff also created an accompanying webpage that hosted a virtual resource fair and additional event information. The page was visited by over 500 unique visitors.

The PCE unit in collaboration with contractors and other partners led additional events and activities to increase community engagement and awareness of key prevention efforts such as the Prescription Drug Takeback Day, the Suicide Prevention Council's Annual Stakeholders meeting, the Annual Check Your Mood Day Campaign, and the press conference for the release of the Annual Report to the Community. Additionally, PCE has continued efforts on several key campaigns including phase II of the fentanyl awareness campaign, a health care workers self-care campaign, and the It's Up To Us campaign which addressed the continuing impacts of COVID-19 through the It's Up to Us "Mask Your Face, Not Your Feelings" campaign.

Virtual Substance Abuse Training Summits

Prevention contractors including Center for Community Research (CCR), SAY San Diego, Rescue Agency, and Vista Community Clinic among others participated over the last year in planning the virtual 2021 Western States Marijuana Summit and the Opioid/Stimulant Summit held in November 2021.

- **Western States Marijuana Summit**

More than 400 individuals registered to attend the 2021 Western States Marijuana Summit held November 2-3, 2021, with more than 300 people in attendance each day. A variety of topics were presented over the 2-day summit. Topics included an update on COVID and overdoses by Dr. Wilson Compton, Deputy Director, with the National Institute on Drug Abuse at the National Institutes of Health; the effects of weed on women; the environmental threat from illegal cultivation to forests, other public lands, and wildlife; and a session on effective communication.

- **Western States Opioid/Stimulant Summit**

The Western States Opioid/Stimulant Summit was held November 4-5, 2021, with more than 700 registered to attend and about 500 individuals attending each day. A wide variety of topics were presented, that included the state of science from Dr. Nora Volkow, director, National Institute on Drug Abuse; a panel discussion on achieving meaningful harm reduction with Luke Bergmann, Director, BHS; a discussion on a community response to overdoses by connecting prevention, public

health and public safety; strategies to reach diverse populations; and changing hearts and minds by using effective media messaging. Both summits were available at no cost to attendees and continuing education units were also available.


SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL (SDCPH)

Medical staffing, COVID interdisciplinary clinical management, and facility improvements have been key focal points for SDCPH this year. 2021 was a time of steep transition for SDCPH medical staffing. The hospital was saddened to see the departure of its Medical Director Dr. Nesbit in September. Dr. Nesbit successfully navigated the hospital through some of the most challenging times of COVID-19, working closely with nursing, infection control, and the medical staff to develop various procedures which bolstered the hospital's ability to continue to provide high-quality services.

Hospital medical staffing experienced a successful transition following reprocurement of services. Additionally, medical staff leadership has continued seamlessly, with Dr. David Folsom of the University of California San Diego (UCSD) appointed into his new role as Assistant Medical Director. This development tracks the strengthening collaboration between UCSD and SDCPH, to the benefit to the patients we serve. Dr. Folsom reports to Dr. Krelstein, who remains the Medical Director for San Diego County Psychiatric Hospital.

Facility planning has continued in collaboration with multiple HHSA and County departments. Staff adaptability and leadership has supported the progress of critical projects while maintaining continuity of operations and excellent patient care.

Respectfully submitted,



LUKE BERGMANN, Ph.D., Director
Behavioral Health Services

c: Nick Macchione, Agency Director
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Aurora Kiviat, Assistant Director and Chief Operations Officer
Nadia Privara Brahms, Acting- Assistant Director, Chief Strategy and Finance Officer



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

December 23, 2021

TO: Behavioral Health Advisory Board (BHAB)

FROM: LUKE BERGMANN, Ph.D., Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – JANUARY 2022

BHS DEPARTMENTAL OPTIMIZATION

Some exciting changes will be occurring within the County's Behavioral Health Services (BHS) department over the next year to further support the delivery of data-driven, quality mental health and substance use disorder (SUD) services to the most vulnerable individuals and families within our community.

BHS services have grown exponentially over the last few years with the budget increasing almost 85% since Fiscal Year 2015-16 to \$817.6 million in Fiscal Year 2021-22. To ensure BHS has the adequate support and infrastructure in place to sustain the growth and increasing complexity of services, and in anticipation of further growth within the department, BHS will be restructuring our internal structure to align with similarly sized healthcare organizations. Adequate support for department growth includes additional BHS staff positions and opportunities for employee growth, there will be no job attrition as a result of this process. BHS will maintain continuity of current functions and activities during the transition to ensure services and current activities are not disrupted. Edgemoor Distinct Part Skilled Nursing Facility (Edgemoor) and the San Diego County Psychiatric Hospital (SDCPH) will also continue normal operations during the transition.

Key Changes

BHS will realign departmental infrastructure, resources, and staffing to optimize the configuration of key activities and functions. Administrative units within the department will be shifted and enhanced to align under Operations, Service and Clinical Design, Population Health, Healthcare Oversight, and Strategy and Finance (*see Figure 1*). Initial steps towards implementing these changes will impact Children, Youth and Families (CYF) System of Care, Adult and Older Adult (AOA) System of Care, juvenile forensics, and SUD services.

To ensure seamless navigation throughout the systems of care, there will be a transition away from distinct systems of care with oversight defined by age cohorts and instead transition into a structure defined by service category. Within the service categories, there will be specialization by age cohorts.

Similarly, SUD services will be integrated with mental health services within each service line to ensure seamless service delivery across the behavioral health continuum of care.



In support of the new organizational structure, BHS will operationalize new positions approved in the Fiscal Year 2021-22 Revised Budget (Operational Plan), as follows:

- **Administrative Services:** New positions will maximize efficiency, strengthen oversight, enhance technical expertise, expand data capacity and integration, and support service integration to yield more impactful outcomes through the enhancement of data sciences and systems management, strategy and finance, contract support, privacy and compliance, service and clinical design, quality assurance and quality improvement, health plan administration and population health.
- **Direct Services:** New positions will provide critical direct services within SDCPH, juvenile forensics, and care coordination services.

Phase 1

The organizational changes will be operationalized over the next fiscal year and are expected to be iterative as the organization evolves. Some fluidity is anticipated during this journey, along with continual adjustments as business needs become clearer. The hope is to shift into the new structure by end of the fiscal year with the goal of having infrastructure in place to sustain growth and increasing complexity of services, and in anticipation of further community need. The anticipated impact to stakeholders and contractors is expected to be minimal.

The following changes became effective as of December 3, 2021 and are the first steps to align BHS with similarly sized healthcare organizations.

- **Formally Establish the Population Health Unit**
The Population Health Unit, which has operated as part of the Clinical Directors Office, will formally be established under the leadership of the Chief Population Health Officer, Dr. Nicole Esposito. This unit will implement a population health approach to support access to behavioral health care by ensuring those in need have access to services, working to identify and eliminate health disparities, driving excellent health outcomes and supporting continuous improvement.
- **BHS Budget Team Shift to the Strategy & Finance Unit**
The BHS Budget team, will shift under the Strategy and Finance Unit under the leadership of the Acting - Chief Strategy and Finance Officer, Nadia Privara. The Budget team leads budget development and implementation activities for BHS units, including BHS Administration, SDCPH, Edgemoor, and County-operated services, as well as manages expenditures and revenues, leads quarterly fund balance, provides various financial analysis. and assists in year-end activities.

- **BHS Fiscal Team Shift to the Operations Unit**

The BHS Fiscal team will remain under the Operations Unit under the leadership of the Chief Operations Officer, Aurora Kiviat. The team is responsible for all fiscal functions to support the 300+ contracts currently within BHS including contract budgets, revenues, contractor invoices, contract spending, year-end activities, and other tasks related to the fiscal management of contracts.

BHS employees within these units will continue to function in their typical role and support their current functions until formal shifting of bodies of work, tasks and activities occurs, if any.

Next Steps

In addition to the restructuring of operations at BHS there will also be changes to the approach of reporting on the important and extensive work carried out by the department, specifically with regards to the monthly Behavioral Health Advisory Board (BHAB) Director's Report. For 2022 the Director's Report will shift away from highlighting the work of individual units and instead focus on large bodies of work across the department such as:

- Capital projects (e.g., Central Region Behavioral Health hub)
- Large initiatives and collaborations (e.g., Mobile Crisis Response Teams)
- Procurements
- Population health and equity work, etc.
- Other key events, activities and initiatives impacting BHS

The 2022 Director's Report calendar is still being developed and efforts are underway to strategically forecast BHS initiatives to align with each month's Director's Report topic, though some current reporting will remain. Edgemoor and SDCPH will continue to be featured as joint units in one of the Director's Report editions. Behavioral health related special events of interest to the community will continue to be featured in the Director's Report.

We look forward to navigating the road ahead and will continue to communicate additional information as it becomes available.

Behavioral Health Special Events

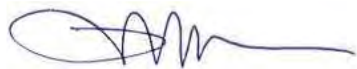
2nd Annual Birth of Brilliance Virtual Conference

The 2nd Annual Birth of Brilliance virtual conference is scheduled for February 24, 2022. The focus of this conference is to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care, and juvenile justice, to serve youth and families in a way that centers equity to amplify the brilliance of all children. Registration is now open at: [Birth of Brilliance Virtual Conference 2022](#)

7th Annual Critical Issues in Child and Adolescent Mental Health Conference

The 7th Annual Critical Issues in Child and Adolescent Mental Health (CICAMH)-Managing Change in a Changing World conference is scheduled for March 11, 2022. The goal of this conference is to bring the most current relevant topics youth are facing. Offerings will include foster care issues, human trafficking in social media, youth drug use during the COVID-19 pandemic, unaccompanied minors at the border and their stay in San Diego, impact of extended screen time on developing youth, gender affirming care, and more. The 2022 conference will offer a hybrid format with the option to attend virtually or in-person, with a limited capacity for in-person attendance to ensure physical distance and safety guidelines. More information will be available soon.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'LUKE BERGMANN', with a stylized, flowing script.

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services

c: Nick Macchione, Agency Director
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer
Nadia Privara Brahms, Acting-Assistant Director, Chief Strategy and Finance Officer

BIRTH OF BRILLIANCE



GOOD TROUBLE IS NECESSARY TROUBLE

Building on the success and energy of our inaugural event, we are excited to present the second annual virtual Birth of Brilliance Conference on Feb. 24, 2022.

The focus of this conference is to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care and juvenile justice. Registration is now open.

If you're passionate about serving youth and families in a way that centers equity to amplify the brilliance of all children, this conference is for you!

Event Details & Registration Information

FEB. 24, 2022 | 8:00 AM-5:00 PM

\$99 | EARLY BIRD (DEC. 1-JAN. 15)

\$115 | REGULAR REGISTRATION

Register at BirthofBrilliance.org



Nanci Luna Jimenez

*Born Brilliant: Healing
Our Way Back to our
Whole Human Self*



Dr. Joseph Lee

*Social Emotions: Bending
the Arc of the Universe
Towards Social Justice*

For questions, please contact Steven Jellá at sjella@sdyouthservices.org

BIRTH OF BRILLIANCE 2022: GOOD TROUBLE IS NECESSARY TROUBLE

Distinguished Keynotes and Breakout Speakers:



Nanci Luna Jimenez



Dr. Joseph Lee



Register **NOW** at www.BirthofBrilliance.org

FEBRUARY 24TH, 2022 8AM-5PM



Presented by County of San Diego Health and Human Services Agency

The Birth of Brilliance Conference Team in Collaboration with the San Diego Office of Equity and Racial Justice presents the

BIRTH OF BRILLIANCE Cultural Fair



COUNTY OF SAN DIEGO
**Office of Equity
& Racial Justice**

San Diego MAKE, 3745 30th Street, San Diego, CA 92104
FEBRUARY 25, 2022 | 4 PM - 7 PM

Come experience the brilliance of the cultures in our local San Diego community through food, music and art.
Catered by San Diego MAKE and Mama Africa

Menu featuring small bites

Afghan Grilled Chicken Tacos
Miso Roasted Butternut Cambodian Num Pang Sandwiches
Nigerian Beef Suya Skeweres
Filipino Pan De Sal
Ember Roasted Sweet Potato Tacos
Sambusas from Mama Africa and More!



MAKE PROJECTS
EAT WELL. DO GOOD.

Admission, food, and parking are included with your pre-paid ticket. Feel free to bring a guest or pay at the door:
Children \$10: Adults: \$15. Support other local vendors by purchasing their wares. Parking will be validated at the North Park Garage.



7TH ANNUAL CICAMH 2022

Critical Issues in Child & Adolescent Mental Health Conference:

MANAGING CHANGE — — *in a* CHANGING WORLD



MARCH 11, 2022

The conference topics will include foster care issues, human trafficking in social media, youth drug use during the COVID-19 pandemic, unaccompanied minors at the border and their stay in San Diego, impact of extended screen time on developing youth, gender affirming care, and more.

Registration will open soon!

Send Questions to: CICAMH.CONFERENCE@GMAIL.COM



SAN DIEGO ACADEMY of
CHILD & ADOLESCENT PSYCHIATRY





Field-Based Services

Telecare San Diego's Mobile Crisis Response Team (MCRT) is a 24/7 program serving individuals of all ages experiencing behavioral health crisis utilizing recovery principles. This program collaborates and accepts referrals from San Diego Access and Crisis Line (ACL). Telecare will integrate with 911.

The Telecare MCRT offers crisis triage, screening, assessment, crisis intervention and stabilization, and care coordination. Each team responds to calls from the mobile office van to provide services directly in the field in the following San Diego Regions: Central, East, South, North Central, and North Inland.

About Telecare

Telecare is a family- and employee-owned company that has been treating individuals with serious mental illness since 1965. We specialize in innovative, outcomes-driven services for high-risk individuals with complex needs. Our programs are recovery-focused and clinically effective and are designed in partnership with local, County, State and other behavioral health organizations.

Telecare's Mission

Telecare's mission is to deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes, and dreams.

Contact Information

3132 Jefferson St.
San Diego, CA 92110
619-866-4186 Fax
619-346-4020 **Main Office**

(Please note: This is an administrative line and not a crisis line. To refer someone to the MCRT you must call San Diego's Access and Crisis Line (ACL: 888-724-7240)

Hours of Operation

Services are available 24/7.



This program is funded by the County of San Diego

San Diego MCRT

Mobile Crisis Response Teams





What We Do

Telecare's Mobile Crisis Response Team (MCRT) in San Diego County provides clinician and peer-led mobile crisis intervention services in the community to address behavioral health needs, facilitate transportation to immediate care, and link the individual to appropriate services.

We have a multidisciplinary team that includes licensed and licensed-eligible clinicians, case managers, and peer support specialists. Our team members have experience working with individuals with both mental health and co-occurring substance use challenges and are here to support individuals and help them navigate their next steps.

Our services are designed using a recovery model to enhance the lives of individuals living with behavioral health challenges. Our staff offers advocacy for individuals through a variety of services, including crisis triage, screening, assessment, crisis intervention and stabilization, and care coordination.



What to Expect

Our team of behavioral health professionals will meet individuals wherever they are in the community to deliver crisis response services. We use recovery-centered practices to help individuals work through behavioral health emergencies and effectively link them to ongoing supports. If necessary, we also provide transportation to County-designated behavioral health sites for further assessment, evaluation, and treatment. Care coordination can be provided for up to 30 days to make sure individuals are connected to appropriate supports and services.

Our culture is based on recovery. We believe in respect and non-judgment, and we celebrate individual uniqueness.

Our staff are passionate, resourceful, and motivated. They are partners in recovery.

Our goal is to be a place that helps individuals thrive, despite any challenges they might face along the way. We want individuals to be the leaders of their recovery journey, and to create the life they want for themselves.



Services at San Diego MCRT

- Crisis triage
- Risk assessment
- In-person intervention
- Care Coordination
- Linkage to appropriate behavioral health services
- If clinically indicated, transportation to the appropriate facility

Accessing Services

This program collaborates and accepts referrals through San Diego County's Access and Crisis Line (ACL), 1-888-724-7240 and will be accepting referrals from law enforcement via 911. The implementation for law enforcement referrals is in development with San Diego County and law enforcement.

Admission Criteria

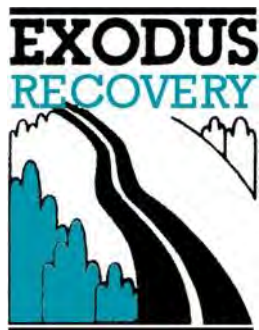
Individuals experiencing a behavioral health crisis in San Diego, including adults, older adults, children, youth, and families.

Mission Statement

To bring the tools for the best possible quality of life to our clients.

Our concept of total health care incorporates the physical, emotional, and spiritual needs of each client.

Our programs strive to create an environment which promotes the dignity of all participating and to develop services maximizing clients' self-determination.



Exodus Recovery Mobile Crisis Response Team (MCRT)

550 W. Vista Way, Ste. #408
Vista, CA 92083
Phone (760) 758-1650
Fax (760) 758-1701

To access the MCRT call the San Diego County Access and Crisis Line:

(888) 724-7240

24 hour access telephone line to mental health services.

TDD/TTY Dial (711)



Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services.



North Coastal Mobile Crisis Response Team (MCRT)



The Road to Recovery Begins with You!

To access services with the MCRT, contact San Diego Access & Crisis Line:
(888) 724-7240

8:00 AM-6:30 PM, 7 days a week

For program inquiries, contact
(760) 758-1650



Exodus North Coastal Mobile Crisis Response Team

The North Coastal Mobile Crisis Response Team (MCRT) is a non-law enforcement mobile crisis intervention program for individuals, 18 years and older, residing in the North Coastal region of San Diego County who are experiencing a behavioral health crisis.

Each MCRT team consists of a Licensed Mental Health Clinician, Case Manager, and Peer Support Specialist. MCRT is dispatched through the San Diego Access and Crisis Line (ACL) (888) 724-7240. Requests for MCRT services are triaged by the ACL. Response times are approximately one hour, when a team is available.

MCRT provides crisis intervention in the community to address behavioral health needs, facilitate access to immediate care, and link the person to appropriate services.

Zip Codes Served

Carlsbad	92008 92009 92010 92011 92013 92018
Oceanside	92054 92056 92057 92058
Pendleton	92055 92068 92672
San Dieguito	92007 92014 92023 92024 92067 92075 92091
Vista	92081 92083 92084

North Coastal MCRT offers comprehensive services to include the following:

- Community based intervention in an individual's home, workplace, or other locations for individuals experiencing a behavioral health crisis
- Crisis assessment and intervention
- Suicide and risk assessment and intervention
- Coordination with law enforcement as appropriate
- Coordination of care with existing treatment providers
- Linkage and referrals to community- based organizations and primary care
- Care coordination and follow-up with individuals post-intervention by the MCRT team

Additional Information

PERT is a division of Community Research Foundation (CRF), a San Diego nonprofit organization that exclusively serves persons living with serious mental illness. CRF offers 26 other programs to the community.

Additional information about CRF services, research, or employment and training opportunities can be viewed at www.comresearch.org.

To access PERT services, please call 911 or your local law enforcement agency.

The PERT Administrative Office does not have crisis counselors on staff or the ability to dispatch a PERT unit to respond to a psychiatric crisis. For these situations, please call 911.

PERT Administrative Office: 619.276-8112
Fax: 619. 276-8230



CRF Corporate Office
1202 Morena Blvd, Suite 300
San Diego, CA 92110
Phone: 619.275-0822
Fax: 619.275-1422
www.comresearch.org

PERT Law Enforcement Partners

The following law enforcement agencies participate in the PERT program. All law enforcement agencies may participate in PERT training. To request PERT assistance, please call 911 or your local law enforcement agency.

- | | |
|---|--------------|
| Carlsbad Police Department | 760.931-2100 |
| Chula Vista Police Department | 619.691-5151 |
| Coronado Police Department | 619.522-7350 |
| El Cajon Police Department | 619.579-3311 |
| Escondido Police Department | 760.839-4722 |
| La Mesa Police Department | 619.667-1400 |
| National City Police Department | 619.336-4411 |
| Oceanside Police Department | 760.435-4900 |
| San Diego Harbor Police Department | 619.686-6272 |
| San Diego Police Department | 619.531-2000 |
| <ul style="list-style-type: none">• Central Division• Eastern Division• Emergency Medical Services - RAP Program• Homeless Outreach Team• Mid-City Division• Northeastern Division• Northern Division• Northwestern Division• Southeastern Division• Southern Division• Western Division | |
| San Diego Sheriff's Department | 858.565-5200 |
| <ul style="list-style-type: none">• 4S Ranch Substation• Alpine Station• Fallbrook Substation• Imperial Beach Substation• Lakeside Substation• Lemon Grove Substation• North Coastal Station• Poway Station• Ramona Substation• Rancho San Diego Station• Rural• San Marcos Station• Santee Station• Valley Center/Pauma Substation• Vista Substation | |

PERT



**PSYCHIATRIC EMERGENCY
RESPONSE TEAM**
San Diego County

In partnership with law enforcement
and San Diego County HHSA

Purpose

PERT is a law enforcement-based mental health crisis intervention program that pairs a licensed mental health professional with a law enforcement officer/deputy. Riding together in a patrol car, they provide compassionate crisis intervention to persons living with mental illness who come into contact with law enforcement. The goal is to safely and effectively de-escalate crisis situations and provide appropriate referrals and offer the least restrictive level of care avoiding unnecessary hospitalization.

PERT is recognized nationally as a “best practice” model, allowing law enforcement and clinicians to work together to provide the best options for persons living with mental illness. PERT is funded by the County of San Diego -- Behavioral Health Services as well as the Public Safety Group.

Service Availability

PERT responds throughout San Diego County. Although PERT services are not yet available 24/7, coverage is currently available every day from around 6:00 a.m. to midnight and is based upon law enforcement service request trends.

How to Request PERT Services

The community may access a PERT team by contacting law enforcement’s 9-1-1 system in emergencies or calling their local law enforcement agency’s non-emergency phone line. The communication center may dispatch

a PERT team directly. Otherwise, officers/deputies will be dispatched to evaluate the crisis scene and may request a PERT team. If you are told that a PERT team is not available, please request a PERT trained officer/deputy to respond to your call. These officers have attended the PERT Training Academy and have experience responding to persons in mental health crises.

What Happens Once a PERT Team Responds to a Call?

1. The officer/deputy will assess safety for the consumer, the officer, the PERT Clinician, and bystanders.
2. The PERT Clinician assists the consumer by conducting a mental health screening, which may include information from family and other professionals providing care to the consumer.
3. The officer/deputy and PERT Clinician offer referrals or other assistance and, if needed, will assist the individual to the appropriate resource(s).

What Services are not Directly Available from PERT?

Note: Referrals can be provided, however.

- PERT does not provide case management or individual treatment.
- PERT Clinicians do not respond to calls for service without an officer/deputy.
- PERT does not prescribe, deliver or administer medications.

- Staffing limitations do not allow PERT to be available 24-hours a day. If a PERT clinician is not on duty for a particular department, the on-scene officer/deputy may request a PERT unit from a nearby jurisdiction. The officer/deputy may also submit a PERT Referral Form to request a follow-up by that department’s PERT team.
- PERT Clinicians are not Emergency - Hostage Negotiators, but may offer support by accessing and providing relevant mental health history to law enforcement negotiating teams.

Other PERT Services

- PERT trains law enforcement to improve officer ability to identify and effectively intervene with persons living with severe mental illness, intellectual disabilities, and/or substance use disorders. Effective officer intervention with family members and support persons is also part of PERT Academy training.
- PERT participates in community meetings and presentations attended by consumers, family members, and other supportive persons.
- PERT is partnering with Community Paramedics in the Resource Access Program (RAP) as part of a State pilot program serving the Downtown San Diego area.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by: Edith Mohler & Yael Koenig

Executive Sub-Committee			
Purpose			
<p>The Executive Committee is a “standing” sub-committee of the CYF Council. The CYF Deputy Director and administrative staff support the Council by leading the Executive Sub-Committee which is comprised of the sub-committee chairs and co-chairs of the CYF Council. This subcommittee is tasked to:</p> <ul style="list-style-type: none"> • Coordinate CYF Council activities • Inform on current issues relevant to the CYF System of Care (SOC) • Ensure follow through on CYF Council action items. 			
Fiscal Year 2021-22 Active Executive Sub-Committee CYF Council Members			
Public	Private	Family	Education
Yael Koenig	Minola Clark Manson Former Co-Chair	Sten Walker - Co-Chair CYF Liaison	Jamie Tate-Symons - Co-Chair COED
Edith Mohler	Rosa Ana Lozada CCRT	Suzette Southfox Former Co-Chair	Heather Nemour COED
Grisel Ortega	Julie McPherson CADRE CYF		Violeta Mora COED
Darwin Espejo	Marissa Varond CCRT		
Eileen Quinn-O’Malley Outcomes	Aisha Pope Early Childhood		
	Ginger Bial Early Childhood		
	Emily Trask Outcomes		
Areas of Focus for Fiscal Year 2021-22			
<ul style="list-style-type: none"> • Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council subcommittees <ul style="list-style-type: none"> ▪ Host the October 11, 2021 Combined Councils meeting ▪ Maintain CYF Council website updated ▪ Ensure that the meeting format meets the Council needs (virtual or in-person) • Consider current landscape & systems priorities to identify opportunities for synergy to advance system of care • Attend to shifting needs associated with the pandemic • Address Equity and Racial Justice • Increase participation in the annual Children/Youth Mental Health Well Being Celebration • Promote youth engagement and participation • Support the County Substance Use Harm Reduction Strategy • Coordinate the delivery of the annual CYF Council Orientation • Support the advancement of the CYF System of Care through trainings, including the attending: <ul style="list-style-type: none"> ▪ The We Can’t Wait Early Childhood Conference (September 23-25, 2021) ▪ The Birth of Brilliance conference (February 24, 2022) ▪ Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 11, 2022) ▪ Annual CYF System of Care Training Academy Conference (May 2022) 			

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

- Coordinated the delivery of the annual CYF Council Orientation-Held July 12, 2021 through a virtual format hosting 60 participants, including several youth
- Continued to advance the CYF System of Care by supporting the 12th We Can't Wait Early Childhood Conference (September 23-25,2021)
- Hosted the October 11, 2021 Combined Councils meeting focused on Harm Reduction. The meeting was attended by 123 individuals
- The November 8, 2021 CYF Council meeting focused on Mobile Crisis Resource Teams (MCRT) and future expansion to schools. The meeting was attended by 70 individuals
- Began the planning of the 8th annual Children and Youth Mental Health Well Being Celebration for May 2022
- Supported the Live Well San Diego Youth Sector with the coordination of the virtual Town Hall Amplifying Voices: What You(th) want Mental Health Professionals to Know held on December 1, 2021. The event had over 50 attendees, including Board of Supervisors Chair Nathan Fletcher and Behavioral Health Services Director, Dr. Luke Bergmann
- Provided a presentation to the Behavioral Health Advisory Board - Alcohol and Other Drugs (AOD) Workgroup on December 18, 2021 to highlight services for youth in a school setting

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME

Meets the 4th Thursday of the month via Zoom from 11:30 AM to Noon.

LEAD (Co-Lead)

Jamie Tate-Symons, San Diego County of Education

Sten Walker, NAMI San Diego

jtate@sdcoe.net

stenwalker@namisd.org

CYF Lead: Yael Koenig

Grisel.Ortega@sdcounty.ca.gov

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Public Sector

Purpose

History: On December 12, 1995, the County Board of Supervisors supported recommendations to transform the Children's Mental Health System. A Children's Mental Health Services System of Care Steering Committee was established; a Public, Private and Family partnership. In 2004, this committee evolved into the Children's Mental Health Services System of Care Council, a four-sector partnership:

Public: This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health Services. It also includes the County's Public Safety Group - Juvenile Probation Department, Juvenile Court; and First 5 San Diego.

Private: Includes the Children, Youth and Families (CYF) System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, Fee- For-Service Network, Healthcare- Pediatricians, Managed Care Health Plans, and the San Diego Regional Center.

Family: Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth Liaison).

Education: Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education and the San Diego County Office of Education (SDCOE).

The Council serves in an advisory capacity to the Behavioral Health Services (BHS) Director, Dr. Luke Bergmann, and operates according to its by-laws adopted in March 2006 and last revised July 1, 2021.

Fiscal Year 2021-22 Public Sector Representatives

PUBLIC SECTOR	COUNCIL MEMBER	COUNCIL ALTERNATE
Behavioral Health Advisory Board (BHAB)	Bill Stewart	Rebecca Hernandez
Behavioral Health Services (BHS)	Dr. Laura Vleugels	Dr. Charmi Patel
Public Safety Group/ Probation	Lisa Sawin	Chrystal Sweet
Child Welfare Services (CWS)	Steve Wells	Norma Rincon
HHSA Regions	VACANT	Jennifer Sovay
Public Health	Dr. Thomas R. Coleman	Adrienne Yancey
Juvenile Court	H. Judge Ana Espana	Beth Brown
First 5 Commission	Alethea Arguilez	Dulce Cahue-Aguilar

Areas of Focus for Fiscal Year 2021-22

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

Council Vision: Wellness for children, youth, and families throughout their lifespan.

Council Mission: Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

For public sector updates, see power point presentation from 1.10.22 Council meeting.

Fiscal Year 2021-22 Meeting Information

The Children, Youth and Families Behavioral Health System of Care (CYFBHSOC) Council is open to the public and meets the **2nd Monday of every month from 9:00 a.m. – 10:30 a.m.**

Please visit the Council webpage for additional information

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html

- [Meetings Calendar](#)
- [Council Overview](#)
- [System of Care Principles](#)
- [Council Bylaws](#)
- [Council Member Roster](#)
- [Council Meeting Summary](#)
- [Council Meeting Packet](#)
- [Council Subcommittees/Groups](#)
- [Council New Attendee Welcome Packet](#)

To be added to the electronic distribution list, please contact Darwin Espejo at Darwin.Espejo@sdcounty.ca.gov 619-584-3024.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by: Heather Nemour / Violeta Mora

Education Sub-Committee			
Purpose			
The purpose of the Education Sub-Committee is to build and/or enhance relationships between mental health providers and education resulting in resource development, needs identification, relationship building, and partnerships with stakeholders in efforts that promote youth mental health, positive school climates, and trauma informed delivery of school-based services/activities.			
Fiscal Year 2021-22 Active Education Members			
Public	Private	Family	Education
<u>Frances Cooper</u> County of San Diego	<u>Pam Hansen</u> San Diego Center for Children	<u>Christina Frey</u> Youth	<u>Heather Nemour & Violeta Mora</u> SDCOE- Student Support Services
		<u>Debbie Dennison</u> Parent	<u>Jamie Tate-Symons</u> SDCOE Special Education
		<u>Caitlynn H.</u> High School Student	<u>Barbara Ryan</u> California School Board Association
			<u>Yuka Sakamoto</u> San Diego Unified School District
			<u>Rosemary Eshelman</u> Carlsbad Unified School District
			<u>Rebecca Ramirez</u> Vista Unified School District
Areas of Focus for Fiscal Year 2021-22			
<ol style="list-style-type: none"> 1. Be responsive to the changing needs of schools as they reopen with trainings, resource identification and student & staff wellness resources. 2. Provide professional development opportunities to districts, schools and charter schools to increase mental health literacy and support post traumatic growth among district/school staff, partner staff and parents. 3. Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents. 4. Explore peer counseling and peer support programs and coordinate implementation efforts in school 5. Leverage resources and efforts to coordinate annual student Mind Out Loud event. 6. Work closely with partners to increase awareness within the education sector regarding substance abuse disorders as part of the mental health continuum. 7. Provide 4 written quarterly progress reports on the MHSSA grant with CBH and SDCOE and provide two presentations to CYF on grant progress and outcomes. 8. Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resources. 			

1. **Be responsive to the changing needs of schools as they reopen with trainings, resource identification and student & staff wellness resources.**
 - Developed several infographics in response to the current trends and challenges in the school communities sharing best practices such as back to school tips, staff and caregiver wellness and updated teen guide to mental health & wellness.
 - Continued to convene the Mental Health in Schools Collaborative around general education and mental health. Each meeting has provided space to discuss trending issues, challenges, and resources. Surveys have been conducted to inform meeting topics and professional development. In response to ongoing staff challenges and burnout, monthly mental health check-in meetings were established for peer sharing, learning and support. Two quarterly collaborative meetings were held with an average of 61 attendees representing 27 of our 42 school districts.
 - The SDCOE Virtual Wellness Center was launched to support school staff, students and parents as well as connect them to calming activities and tools to promote health and wellness.
 - New focus areas have recently been identified in response to the changing needs of schools:
 - Identifying resources that are coming through the state and create a guide that helps LEAs understand the different funding sources and criteria
 - Identifying crisis supports for schools in North County and stay up to date on expansions of current crisis supports
2. **Provide professional development opportunities to districts, schools, and charter schools to increase mental health literacy and support post traumatic growth among district/school staff, partner staff and parents.**
 - 18 trainings conducted with 922 participants representing 36 of our 42 school districts.
3. **Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents.**
 - LivingWorks Start online suicide prevention training: There have been 876 school staff that have accessed the training and 620 middle and high school students in San Diego schools.
 - Policy to Practice Toolkit for suicide intervention was created and is available on the SDCOE website.
 - The County Behavioral Health Department and SDCOE received a six-million-dollar grant to build the capacity of school districts and charter school in Creating Opportunities in Preventing & Eliminating Suicide (COPES)
 - The Suicide Prevention Resource Guide for Schools was developed through a collaborative effort between the San Diego County Suicide Prevention Council and SDCOE that is comprised of high-quality resources organized by local/state and national to support districts in building comprehensive school protocols and practices.
4. **Explore peer counseling and peer support programs and coordinate implementation efforts in school**
 - The updated Suicide Prevention Resource Guide for Schools now features a section on Peer-to-Peer Education to promote available programs
 - Ongoing meetings have been held between SDCOE, Wellness Together and California Department of Education to plan the annual Mind Out Loud student led event and build student voice across the county and state to bring youth together to create a safe, inclusive environment allowing students to boldly discuss mental health and inspire others to live authentic lives
5. **Work closely with partners to increase awareness within the education sector regarding substance use disorders as part of the mental health continuum.**
 - Developed and shared substance use resources and shared them across the county as well as promoting professional development and events
6. **Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resource**
 - This is ongoing and has occurred at each of these meetings held this school year.

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
Meets as needed.	Heather Nemour and Violeta Mora heather.nemour@sdcoe.net viomora@sdcoe.net CYF Representative: Frances.Cooper@sdcounty.ca.gov

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Private Sector
Purpose

There are two associations that elevate the private sector voice. Membership is open to all BHS-contracted providers and includes regularly scheduled meetings and work groups. Both associations also have executive teams, and they meet monthly with the BHS Administration team.

Alcohol and Drug Service Providers Association (ADSPA)

Mission: To serve as a voice for SUD providers and the people we serve to support county/contractor relations and take a leadership role in ensuring access to high-quality care.

Mental Health Contractors Association (MHCA)

Mission: to provide a collective voice for member agencies in matters relating to the effective delivery of quality mental health services on behalf of those we serve in San Diego County.

Vision: MHCA is an essential leader in the development, delivery, and advocacy for effective and sustainable mental health services in San Diego County.

In addition to the two associations, the CYF SOC Council has historically held a **Private Sector Subcommittee** meeting, however in recent years it has transitioned to an ad hoc subcommittee that is available to meet as needed. Any Council member may request to initiate the Private Sector Subcommittee which would likely be led by one of the CYF Council Public Sector Members.

Private Sector	Council Member	Council Alternate
San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	Therese Davis
Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	John Laidlaw
Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	Claudette Allen Butler
Mental Health Contractors Association	Julie McPherson	Minola Clark Manson
Mental Health Contractors Association (MHCA)	Laura Beadles	Golby Rahimi
Fee- For-Service (FFS) Network	Dr. Sherry Casper	Marcelo A. Podesta
Managed Care Health Plan	George Scolari	Kathleen Lang
Healthcare/ Pediatrician	Dr. Pradeep Gidwani	VACANT

Fiscal Year 2021-22 Association Executive Positions

ADSPA		MHCA	
Chair	Marisa Varond	President	Cathryn Nacario
Vice Chair	Stephanie Sobka	Vice President	Mona Minton
Secretary	Minola Clark Manson	Secretary	Golby Rahimi Saylor
Treasurer	Beverly Monroe	Treasurer	Minola Clark Manson
Member At Large	Lisa Salazar	Children's At Large Representative	Laura Beadles
Member At Large	Sunnyo Pak	Adult At Large Representative	James "Diego" Rogers
Immediate Past Chair	Angela Rowe	TAY At Large Representative	Mary Ellen Baraceros
		Health Care Policy At Large Representative	John Laidlaw

Areas of Focus for Fiscal Year 2021-22

ADSPA Focused on:

1. Participate in the San Diego County Behavioral Health Services budget planning process, advocating for the provision of an effective level and scope of Substance Use Disorder treatment and prevention services in the County of San Diego.
2. Align with Live Well San Diego to promote Safe, Healthy and Thriving communities and to connect the unconnected.
3. Lead discussion and ongoing learning to further best practices and support trauma- and culturally informed, gender-responsive, person-centered services in the SUD system of care.
4. Provide frontline experience and collective expertise to influence DMC-ODS and behavioral health service development.
5. Advocate and assert a SUD focus in the integration of behavioral health, primary health care and housing.

MHCA Strategic Initiatives:

1. Strengthen and cultivate relationships with the Board of Supervisors (BOS), Health and Human Services Agency (HHS) and Department of Health Care Services (DHCS)
2. Strengthen presence and influence with Behavioral Health Services
3. Mindfully grow membership

Fiscal Year 2021-22 Meeting Information

Alcohol and Drug Service Providers Association (ADSPA)

General Membership Meeting are held on the fourth Thursday of the month

Time: 10:00 to 11:30 AM

Executive: Meets with BHS Leadership (by invitation) monthly on the **first** Wednesday

Time: 1:00 to 2:30 PM

Currently meeting virtually via Zoom

Contact: Marisa.Varond@mcasterinc.org

Mental Health Contractors Association (MHCA)

General meetings are held the fourth Thursday of the month every other month (July-May).

Time: 12:30 to 2:30 PM

Executive: Meets with BHS Leadership (by invitation) monthly on the **third** Wednesday

Time: 12:30 to 2:00 PM

Currently meeting virtually via Zoom

Contact: mhasandiego@gmail.com
[About MHCA — Mental Health Contractors Association \(mhasandiego.org\)](#)

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by: Sten Walker

Family and Youth Sector

Purpose

- Strengthening shared identity for CYF Peer Partner Staff
- Supporting Statewide measures for California Peer Certification (SB803)
- Sharing resources and information on CYF Peer Partner staff opportunities
- Strengthening Four Sector understanding and recognition of CYF Peer Partner staff
- Bring information back to the CYFBHSOC Council

Fiscal Year 2021-22 Active Family and Youth Members

Public	Private	Family	Education
Darwin Espejo	John Bucher	Sten Walker	Sonia Lira
Shakara Thompson	Darron Jones	Renee Cookson	Linda Ketterer
Edith Mohler	Celeste Hunter	Debbie Dennison	
	Lucy Jasso	Kari Perry	
	Mina Arthman	Micaela Cunningham	

Areas of Focus for Fiscal Year 2021-22

- Increase sub-committee attendance and participation through member invitation
- Keep Transition Age Youth seats filled and participation
- Driving focus on providing multicultural support to Youth and Family Support Partners working within the CYF System of Care
- Continue following California State Peer Certification updates, support implementation of SB803
- Continue to create a robust Youth and Family Support Partners virtual support meeting with increased participation across the CYF System of Care
- Host robust, fun, well attended Youth Mental Health Well-Being Celebration 5/6 virtually
- Continue with community discussion of "Hot Topics" identification and sharing with the CYF System of Care
- Continue with mental health discussions using the Facebook Live platform valuing youth and family voice (also recorded for viewing at later dates) to support families and youth
- Coordination of TAY information sharing between families, youth and agencies supporting TAY and TAY Council
- CYF System of Care Training Academy Annual Conference Planning Committee involvement
- Continue to support the planning of robust presentations for Y/FSP, Peer Partners
- Continue creating community, advancing CYFBHSOC principles through meetings, trainings and celebrations.

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

- CYF Liaison staff updates: Sten Walker program manager, Alexander Ball technology engineer, Mina Arthman lead trainer
- Began experimenting with themed Family Voice Town Hall meetings
- CYF/App virtual presentation for college class
- oscER now available in English, Spanish, Vietnamese, Arabic, Farsi, and Tagalog
- The focus of the next 6 months will be the May Event Celebration, trying more frequent themed Family Voice Town Hall meetings, and revamping the Working Together training

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME

LEAD (Co-Lead)

Family Voice Town Hall Meeting

Monthly virtual meetings per region (North, South, East and Central). Calendar access: <https://namisandiego.org/calendar/>

For more information email CYFLiaison@namisd.org or call (858)987-2980

Sten Walker

stenwalker@namisd.org

CYF Rep:

Edith.Mohler@sdcounty.ca.gov

Family Youth Focus Group

Quarterly virtual meetings. Calendar access: <https://namisandiego.org/calendar/>

For more information email CYFLiaison@namisd.org or call (858)987-2980

Youth, Family Support Partners Subcommittee

Meets every 3rd Thursday of the month from 1:30 - 3:00 P.M. Shift to **(Virtual meetings as of April 2020)**

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by: Aisha Pope/ Ginger Bial

Early Childhood Sub-Committee

The Early Childhood Mental Health (ECMH) Subcommittee supports the CYFBH continuum of care through 1). PROMOTION AND EDUCATION by providing information to improve system-wide understanding of early childhood mental health and integrating the information throughout the system of care; 2). ADVOCACY by addressing key issues impacting young children and their families; and 3). PROMOTING SYSTEM CHANGE by increasing the system of care's understanding of services currently available and supporting culturally relevant and trauma informed system improvements. ECMH Subcommittee partners with BHS CYFSOCC when considering the unique needs of the 0-5 population and their caregivers when making decisions on programming, policy, and training.

Fiscal Year 2021-22 Active Early Childhood Members

Public	Private			Family	Education
Jerelyn Bourdage	Stacy Annand	Ginger Bial	Sherry Casper	Emma Eldredge	Evette Callahan
Dulce Cahue-Aguilar	Lisa Castagnola	Valerie Centeno	Terri Cook-Clark	Latysa Flowers	Kim Flowers
Alicia Castro	Sarah Franco	Pradeep Gidwani	Jennifer Kennedy	Eva Melendez	Fernanda Garcia
Stephanie Escobar	Rosa Ana Lozada	Marisela Molina	Meg Olinger		Oscar Gomez
Shannon Jackson	Aisha Pope	Marcelo Podesta	Ashley Rambeau		Lisa Linder
Ana Mendez	Carla Sciarrino	Edgar Sierra	Izzy Shine		Saribe Perez
Charmi Patel Rao	Stephanie Smith	Bobbi Smylie	Nubia Soto		Rose Woods
Sharon Qin	Carole Steel	Erin Taylor	Autumn Weidman		
Josephine Smedley	Aimee Zeitz				
Nohemy Terrazas					
Josephine Young					

Area of Focus for Fiscal Year 2021-22

- Produce up to three 1-2 page tip sheets aimed at parents & caregivers of young children on topics of interest & need
- Provide a supportive/reflective environment for local early childhood mental health leaders to discuss needs and challenges of our programs and populations served and share resources
- Make recommendations for trainings/trainers for RIHS, WCW and Birth of Brilliance Conferences
- Partner with another BHS subcommittee or community partner for shared reflective space related to cultural responsiveness self and systems work
- Advocate for improvements to the 0-5 BHA

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

- Collectively developed a trusting, and reflective environment for local early childhood mental health leaders who discussed staffing challenges and solutions, shared resources for staff and client wellness, and infused HOPE into the conversation. This infusion of HOPE strengthened the leaders' ability to do the same with their staff. The infusion of HOPE with the staff strengthened their ability to do the same with the families served (hence, the parallel process at work)
- Solidified cross-cultural representation on the subcommittee to allow a diverse representation of thought and perspective along with the development of a shared language. Members provided support around clinical blind spots. They identified a need for advocacy on racial disparities and implicit bias surrounding mental health diagnosis and clinical outcomes of young children. Proposed to look at bodies of work from outside the dominant culture.

- Promoted the development of Family Support Specialist as a distinct service type/position to assist with improved clinical outcomes for Black, Indigenous and other children of color.
- Discussed how Harm Reduction interfaces with our subcommittee:
 - a. Individual impact - Parents, babies, intergenerational impact
 - b. System impact – CWS, Probation, Justice partners
 ACTION ITEM: Members invited SUD and perinatal programs to rejoin subcommittee.
- Drafted tip sheets entitled, 'The Importance of Touch', for parents and caregivers of young children

Fiscal Year 2021-221 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
Meets the 2 nd Monday of the month: 3160 Camino Del Rio South, Suite 101, San Diego, CA 92123 From 11:00 A.M. – 12:00 P.M. (Virtual Meetings as of May 2020)	Aisha Pope APope@centerforchildren.org Ginger Bial VBial@rchsd.org CYF Representative: Shannon.Jackson@sdcounty.ca.gov

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by Julie McPherson/Marisa Varond

CYF Change Agents Developing Recovery Excellence (CADRE)

Purpose

The purpose of the CADRE CYF subcommittee is to strengthen the Comprehensive, Continuous, Integrated System of Care (CCISC) initiative in its vision to deliver wide-ranging services for children, adolescents, and families. We serve as a forum for service providers to enhance treatment for children and adolescents experiencing or impacted by co-occurring disorders in order to promote health and resiliency within our youth. The subcommittee aims to:

- Develop integrated co-occurring training and technical assistance in accordance with the CCISC and Co-occurring Center for Excellence standards
- Support the implementation of evidence-based practices to support effective interventions for youth impacted by co-occurring disorders
- Provide a vital link between systems, consumers, and families
- Increase access to needed behavioral health services
- Promote collaboration and develop meaningful relationships between providers to ensure that youth and their families receive the right services at the right time in the right setting.

Fiscal Year 2021-22 Active CADRE Members

Public	Private	Family	Education
Yael Koenig	BHS-contracted providers		
Shannon Jackson			

Areas of Focus for Fiscal Year 2021-22

- Continue to enhance ease of cross-referrals and access to services for children, youth and families who are impacted by complex needs.
- Reinstate and maximize on-site SchoolLink behavioral health services as permitted.
- Keep providers up-to-date regarding specialized MAT services and resources for youth in San Diego County.
- Work to identify resources to address the rise in illicit benzodiazepine use among youth.
- Continue to identify best practices and resources for addressing complex conditions impacting children, youth, and families, such as Human Trafficking.
- Support the advancement of the comprehensive harm reduction strategy throughout the CYF system of care.

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

10/14/2021 – Joe Eberstein, CCPS, Program Manager for Center for Community Research, San Diego County Marijuana Prevention Initiative and SAMSHA Region 9 PTTC Advisory Board Member gave a presentation on the impact of COVID on substance use and advocacy.

Highlights of the presentation included:

- Drug use during lockdown
- Prevention, intervention, and education regarding marijuana
- The marijuana industry
- Lobbying for Federal marijuana reform
- Mental health, suicide, and marijuana
- Advocacy and marijuana
- Vaping

- Fentanyl
- Social Media
- Schools and drugs

We had a lively discussion surrounding use of marijuana and vaping among youth and its prevalence in schools including elementary schools.

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME

LEAD (Co-Lead)

Meets Quarterly-2nd Thursday of the month -
5095 Murphy Canyon Road, Suite 320,
San Diego, CA 92123 From 1:30 - 3:00 P.M.
(Virtual Meetings as of May 2020)

Julie McPherson and Marissa Varond
JMcPherson@comresearch.com
Marisa.Varond@mcalisterinc.com
CYF Representative: Shannon.Jackson@sdcounty.ca.gov

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by Rose Woods

Training Academy

Purpose

The Children Youth and Families System of Care (CYF-SOC) Training Academy provides trainings to enhance the work of public systems in providing services to children, youth and families in San Diego County. Responsive Integrated Health Solutions (RIHS) continues this work through the Training Academy Committee, a collaboration of partners in the four sectors of the CYF System of Care.

Fiscal Year 2021-22 Active Training Academy Members

Public	Private	Family	Education
Jorge Aguilar, Probation	Minola Clark Manson, RIHS	LaTysa Flowers, Parents Empowerment Services	Linda Ketterer, San Diego Mission Academy (Education and Family representation)
Becky Lanier, CWS	Pam Hansen, SDCC	Celeste Hunter, UPAC (Private and Family representation)	
Edith Mohler, BHS-CYF	Aisha Pope, SDCC	Sten Walker, NAMI San Diego	
Nilanie Ramos, BHS	Golby Rahimi, Rady		
Jenny Rodriguez, CWS	Eliza Reis, MHS, Inc.		
Jennifer Rusit, BHS	Liz Winchell, MHS Inc.		
	Rose Woods, RIHS		

Areas of Focus for Fiscal Year 2021-22

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

The CYFSOC Training Academy plans to deliver training on

- *Foundations of ACEs Science and Trauma-Resilience* (delivered 12-8-21)
- *Asian, Pacific Islander, Desi American (APIDA) Cultures* (3-7-21)
- *Supporting Families Moving through Pain, Grief, and Healing* (3-27-22)
- *African American Cultures* (date TBD)
- One additional training (topic TBD)

Annual CYFSOC Training Academy conference—*Peers in Children, Youth and Families Services*, May 26, 2022

Scholarships for professional development opportunities for parent partners, family partners and youth support partners throughout the CYF System of Care to attend local and statewide conferences:

- 2022 California Mental Health Advocacy for Children and Youth (CMHACY) Conference:
Not Business As Usual, From Conversation to Action
- 2022 Children, Youth and Families System of Care (CYFSOC) Conference:
Peers in Children, Youth and Families Services

CYF System of Care Advancing Principles Awards awarded to:

- UPAC Children's Mental Health Program
- Minola Clark Manson, Academy for Professional Excellence

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
First Wednesday of the month 9:00-10:00 AM via Zoom	Rose Woods: rwoods@sdsu.edu

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by Rosa Ana Lozada and Edith Mohler

Cultural Competency Resource Team (CCRT)				
Purpose				
To advise the BHS Executive team of the Adult/Older Adult (AOA) and Children, Youth and Families (CYF) Systems of Care on issues of cultural competence.				
Fiscal Year 2021-22 Active CCRT Members				
Public	Private		Family	Education
Piedad Garcia - Chair (Ethnic Services Coordinator)	Minola Clark Manson	Gebaynesh Gashaw-Gant	Mercedes Webber	Juan Camarena
Charity White-Voth	Sahra Abdi	Mahvash Alami	Celeste Hunter	
Danyte Mockus-Valenzuela	Mohamed Abdi	Elisa Barnett	Ingrid Alvarez-Ron	
Nilanie Ramos	Erick Mora	Shiva James	Luz Pino	
Liz Miles	Mercedes Webber	Rick Heller		
Claire Riley	Kat Katsani-Semel	Brian Bauers		
Nancy Rodriguez	Rebecca Paida	Adam Renteria		
Kimberly Pettiford	Winona Garcia	Awichu Akwanya		
Jennifer Rusit	Shadi Haddad	Shane Pamada		
Andrea Duron	Rosa Ana Lozada	Shadi Haddad		
Fran Cooper	Evelyn Parada			
Sara Zare				
Karen Harris				
Ezra Ramirez				
Edith Mohler				
Elizabeth Dauz				
Ann Vilmenay				
Areas of Focus for Fiscal Year 2021-22				
<ul style="list-style-type: none"> • BHS Priorities • Equity and Social Justice • Health Care Disparities • Annual Strategic Planning with Consultant • Cultural Competence Academy Trainings • Diversity Workforce Development • CCRT Membership Engagement/CCRT Membership Roles • Outreach to Diverse Populations (i.e. Transgender/Indigenous/Hearing Impaired communities, etc.) • Showcase Legal Entities on their methods for implementing Cultural Competence in their systems/programs • Alignment with Office of Racial Equity 				

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

- **BHS Priorities**
 - CCRT meeting attendees received updates at each meeting on the status of the implementation of the Mobile Crisis Response Teams (MCRTs) and Community Harm Reduction Team (CHRT). Below are the highlights of the feedback from CCRT members/meeting attendees:
 - It was recommended that updates include a correlation with the underserved populations (December 3, 2021)
 - Need to provide opportunities for small organizations (December 3, 2021). As a meeting follow up, the BuyNet link: <https://buynet.sdcounty.ca.gov/> was sent to the CCRT distribution list to ensure everyone can register to receive notifications on procurement/funding opportunities
- **Equity and Social Justice**
 - Some members of the CCRT are actively participating in the planning and coordination of the 2nd Annual Birth of Brilliance virtual conference is scheduled for February 24, 2022. The focus of this conference is to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care, and juvenile justice, to serve youth and families in a way that centers equity to amplify the brilliance of all children. Registration is now open at:
[Birth of Brilliance Virtual Conference 2022 \(ce-go.com\)](https://app.ce-go.com/birth-of-brilliance-virtual-conference-2022#)
<https://app.ce-go.com/birth-of-brilliance-virtual-conference-2022#>
- **Health Care Disparities**
 - Health Care Disparities Discussion is a standing CCRT meeting agenda item
Summary of discussion/recommendations:
 - CCRT attendees were updated of the efforts BHS is doing through the Racial Equity training for all BHS staff (September 3, 2021, October 1, 2021)
 - The implementation of the California Advancing and Innovating Medi-Cal (CalAIM) is an opportunity to address Health Care Disparities (November 5, 2021)
 - CCRT meeting participants were reminded to present highlights of efforts to reduce health care disparities/actions and/or plans that organizations are taking to address Health Equity and Systematic Racism. (November 5, 2021). An e-mail was sent to the CCRT distribution list on December 7, 2021. The goal is to schedule these presentations throughout the year
- **Annual Strategic Planning with Consultant**
 - Discussed at the July 2, 2021 meeting. This item is pending
- **Cultural Competence Academy Trainings**
 - Staff from the Responsive Integrated Health Solutions (RIHS) provided a presentation on November 5, 2021, to explain the Cultural Competence Academy Executive Series, which will begin again in January 2022
 - RIHS staff announced relevant Cultural Competence training opportunities
- **Diversity Workforce Development**
 - The Education and Training Committee provided information on the Southern California Regional Partnership Graduate Stipend program.
Link: https://oshpd.sjc1.qualtrics.com/jfe/form/SV_8Jt1BS52a39kCdn
 - A CCRT member recommended the implementation of part time positions as a strategy to mitigate workforce challenges
- **CCRT Membership Engagement/CCRT Membership Roles**
 - CCRT members and meeting attendees were invited to participate in the Cultural Competence Academy workgroup
 - Opportunity to represent the CCRT in the Community Experience Project (CEP) activities (survey):
 - [CEP Presentation Part 1 overview - YouTube/https://www.youtube.com/watch?v=A6IBVP8bNf4](https://www.youtube.com/watch?v=A6IBVP8bNf4)

- [CEP Presentation Part 2 dashboard demo - YouTube / https://www.youtube.com/watch?v=7ZOXoniW8ro](https://www.youtube.com/watch?v=7ZOXoniW8ro)
- **Outreach to Diverse Populations** (i.e. Transgender/Indigenous/Hearing Impaired communities, etc.)
 - Highlights of October 1, 2021 meeting conversation
 - Current efforts by the Board of Supervisors were highlighted
 - Staffing challenges; training support for staff to assist them with the high level of stress they face while providing services. The Promotoras job classification was mentioned as an example
- **Showcase Legal Entities on their methods for implementing Cultural Competence in their systems/programs**
 - This item was discussed November 5, 2021. An e-mail was sent to the CCRT distribution list on December 7, 2021. The goal is to schedule presentations throughout the year
- **Alignment with Office of Racial Equity**
 - The CCRT Chair aligned her updates with the activities of the County's Office of Racial Equity.

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME

Meets the first Friday of the month at:
 6367 Alvarado Court Suite 105
 San Diego CA 92120
 From 10:00 to 11:30 AM
(Virtual Meetings as of May 2020)

LEAD (Co-Lead)

Piedad Garcia
Piedad.Garcia@sdcounty.ca.gov
Charity White-Voth
Charity.White-Voth@sdcounty.ca.gov
 Private Sector Representative:
Rosa Ana Lozada
RLozada@harmoniumsd.org
 CYF Representative:
Edith Mohler
Edith.Mohler@sdcounty.ca.gov

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by George Scolari

Health Plans

Purpose

The majority of children who receive mental health and substance use services in our County BHS system are enrolled in one of 7 Medi-Cal Managed Care Plans. The County Mental Health Plan is responsible to cover these children's mental health needs while their health plans covers their physical health needs. Care coordination between these two systems is very important. There are many new benefits potentially covered by the Medi-Cal Managed Care Plans for children receiving services within our County BHS system of care. Many of these new benefits begin January 1, 2022 and are under the umbrella of a State-wide program called CalAIM.

Fiscal Year 2021-22 Active Health Plans Members



Healthy San Diego (Medi-Cal)



Health Plan Contact Card

Health Plan	Member Services	Pharmacy Line	Transportation	Telephone Advice Line	Behavioral Health Services
Aetna Better Health	1-855-772-9076	1-866-785-5702	1-855-772-9076	1-855-772-9076 Opt. 4	1-855-772-9076
Blue Shield CA Promise Health Plan	1-855-699-5557	1-855-699-5557	1-855-699-5557	1-800-609-4166	1-855-321-2211
Community Health Group	1-800-224-7766	1-800-224-7766	1-800-224-7766	1-800-647-6966	1-800-404-3332
Health Net	1-800-675-6110	1-800-867-6564	1-800-675-6110	1-800-675-6110	1-888-426-0030
Kaiser Permanente	1-800-464-4000	1-800-290-5000	1-800-464-4000	1-800-290-5000	1-877-496-0450
Molina Healthcare	1-888-665-4621	1-888-665-4621	1-888-665-4621	1-888-275-8750	1-888-665-4621
UnitedHealthcare	1-866-270-5785	1-800-310-6826	1-866-270-5785	1-866-270-5785	1-866-270-5785

Medi-Cal beneficiaries not enrolled in a Medi-Cal Managed Care Plan or who have no insurance and need general health care advice can call the DHCS Medi-Nurse Line at 1-877-409-9052 24 hours a day, 7 days a week.

County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240	Jewish Family Service Patient Advocacy Program Complaints and Grievances/Residential Psychiatric Services 1-800-479-2233	Consumer Center for Health Education & Advocacy Help obtaining covered services and breaking down barriers 1-877-734-3258
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5-13-20 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Areas of Focus for Fiscal Year 2021-22

The primary area of focus for Medi-Cal Managed Care Plans during 2021 have been preparing for CalAIM. For 2022 it's the implementation of CalAIM. There is also a large County BHS CalAIM component that needs to be monitored closely. Additionally, within our Healthy San Diego Behavioral Health collaborative, we are participating in the DHCS School Behavioral Health Incentive Payment Plan. There will be approximately 40 million dollars coming to San Diego through our local health

plans. We will be working with BHS including the CYFSOC and the San Diego County Office of Education to enhance mental health services in schools.

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

Basically, the same as the previous section. Working nonstop on CalAIM and the new School Behavioral Health Incentive Payment Plan (SBHIP). In December 2021 we developed the Healthy San Diego School Based Incentive Payment Plan Task Force. Initial membership is the plans, County BHS and the San Diego Office of Education. Yael Koenig is working on inviting the schools to our new Task Force. Once some initial decisions are finalized the Task Force will be opened up to additional participants from CYFSOC and other stakeholders.

See Optum Website for Health San Diego Contact Cards

<https://optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/healthysandiego.html>

Fiscal Year 2021-22 Sub-Committees/Groups

George Scolari facilitates several Healthy San Diego Workgroups including the Behavioral Health Subcommittee. See HSD Overview 2021 Document for additional information and reach out to George Scolari about potential participation.

George Scolari
gscola@chgsd.com



Healthy San Diego

Overview 2021

Formed in 1998, Healthy San Diego is the umbrella in which Medi-Cal Managed Care Plans operate. There are 3 Medi-Cal Managed Care Models. County Operated Health Systems (COHS), Two Plan Models and Geographic Managed Care. San Diego and Sacramento are Geographic Managed Care.

- COHS is a system in which a County runs the Medi-Cal Managed Care system. For example, Orange County is a COHS. CalOptima is the one and only Medi-Cal Managed Care Plan.
- Two Plan model is a system in which there are two basic plans to choose. 1 would be a County managed plan and 1 a private plan. For example, LA is a Two Plan Model. In LA County, you choose LA Care or Health Net. Under LA Care and Health Net are other contracted plans like Kaiser, Blue Cross, Blue Shield etc... However, a member's card will say LA Care or Health Net.
- Geographic Managed Care is in San Diego and Sacramento only. Any plan can apply to be a Medi-Cal Managed Care Plan in these two Counties. It promotes healthy competition among Plans and consumer choice.

HSD STRUCTURE

Healthy San Diego Joint Consumer & Professional Advisory Committee. Monitors Medi-Cal Managed Care issues affecting San Diego County and advises the Director of San Diego Health and Human Services Agency (HHSA).

Healthy San Diego QI Subcommittee. The QI Subcommittee consists of the health plans, AIS, BHS, Hospitals, Providers, CCHEA and HHSA. All of our Work Groups report up to the QI Subcommittee.

Healthy San Diego BH Subcommittee. The BH Subcommittee consists of the health plans, BHS, BHS Organizational Providers, Hospital Association, Psychiatric Health Facilities, The Patient Advocacy Program, CCHEA and HHSA. (See reverse side for details)

Work Groups. Work Group's report to either the QI or BH Subcommittee.

- Health Plan Work Group
- Regional Center Work Group
- Health Ed/Cultural Linguistics Work Group
- Facility Site Review Work Group
- Health Homes Work Group
- BH Operations Work Group
- CalAIM Work Group
- CalAIM Leadership Team
- Health Plan-AIS Work Group
- Health Plan-Consumer Center Work Group
- CCS Work Group
- COVID-19 Task Force

MOU's. Within HSD we manage MOU's with several agencies, mostly HHSA. Examples are Behavioral Health, AIS, Regional Center, California Children's Services (CCS), CHDP, TB Program, Polinsky Center for Children, Women, Infants & Children (WIC) and several others.



Behavioral Health Subcommittee

The Healthy San Diego (HSD) Behavioral Health Subcommittee was formed in 1998 when Specialty Mental Health was contractually carved out of Medi-Cal Managed Care. San Diego County Behavioral Health Services became the Mental Health Plan (MHP) for all Medi-Cal beneficiaries including those in a Medi-Cal Managed Care Plan. The HSD Behavioral Health Subcommittee consists of membership from the following:

- Medi-Cal Managed Care Plans
- County Mental Health Plan Leadership
- Health Plan Providers
- MHP Providers including psychiatric facilities
- Hospital Association of San Diego & Imperial Counties
- Patient Advocacy Program
- Consumer Center for Health Education & Advocacy
- Federally Qualified Health Centers
- County Mental Health Contractors Association
- County Alcohol & Drug Services Providers Association
- Aurerra Health Group (representing DHCS)

The primary purpose of the HSD Behavioral Health Subcommittee is to ensure our mutual members/clients have access to quality physical and behavioral health services that is well coordinated and to break down any barriers to care. The HSD BH Subcommittee meets monthly and has over 150 members. There are two primary sub groups that report up to the HSD BH Subcommittee:

HSD Behavioral Health Operations Work Group

The HSD Behavioral Health Operations Work Group was formed in 2014 when the State's Coordinated Care Initiative and the Health Plans new Mild to Moderate Mental Health Benefit became effective. This smaller Work Group updates and maintains our existing Memorandums of Understandings (MOU's), Care Coordination Forms and Policy & Procedures. Meetings are held monthly or as needed.

HSD Behavioral Health Operations Dispute Resolution Team

The HSD Behavioral Health Operations Dispute Resolution Team consists of members of the HSD Operations Work Group and additional members as needed. To date, we have never had the need to activate the Dispute Resolution Process.

Behavioral Health Case Consultation Team

The MHP Office of the Clinical Director oversees our County's Behavioral Health Case Consultation Process. On an as-needed basis, representatives are invited to participate to assist with care coordination between Health Plan and the MHP providers and stakeholders. These meetings have become the initial step in identifying needs and issues and working to resolve them.

Student Behavioral Health Incentive Program Task Force

Beginning January 2022, the Student Behavioral Health Task Force will meet monthly and focused on DHCS Incentive funding to enhance school based mental health services. Initial membership includes the health plans, MHP and the County Office of Education.

Health Plan/Behavioral Health Services (BHS) Coordination Card

Health Plan	Member Services/ Transportation	Physical Health Liaison	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Aetna Better Health	1-855-772-9076	Aulina Bradley (909) 453-5820 BradleyA5@aetna.com	Merrett Sheridan (916) 201-5595 Sheridanm1@aetna.com	1-855-772-9076	Verne Brizendine (818) 551-9506 BrizendineL@aetna.com
Blue Shield CA Promise Health Plan	1-855-699-5557	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshield.ca.com	David Bond (619) 719-4510 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	1-800-224-7766	George Scolari 1-800-404-3332 gscola@chgsd.com	Salvador Tapia 1-800-404-3332 STapia@chgsd.com	1-800-404-3332	George Scolari (800) 404-3332 gscola@chgsd.com
Health Net	1-800-675-6110	Kelly Nokleby (916) 246-3590 Knokleby@cahealthwellness.com	Tina Hendizadeh 1-818- 577-9041 Tina.hendizadeh@healthnet.com	1-888-426-0030	Kathleen Lang (760) 679-5406 klang@cahealthwellness.com
Kaiser Permanente	1-800-464-4000	Sarah Legg (619) 372-1861 Sarah.j.legg@kp.org	Simon Borger (619) 221-6115 Simon.p.borger@kp.org	1-877-496-0450	Sarah Legg (619) 372-1861 Sarah.j.legg@kp.org
Molina Healthcare	1-888-665-4621	Lilly S. Wang (858) 974-1737 Lily.wang@molinahealthcare.com	Elizabeth Whitteker (858) 974-1735 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Vivian Urquizu (858) 614-1580 ext. 121589 Viviana.Urquizu@Molinahealthcare.com
UnitedHealthcare	1-866-270-5785	Deborah Tanabe (952) 202-5699 Deborah_tanabe@uhc.com	Shelly Ray (952) 687-3304 Shelly.s.ray@optum.com	1-866-270-5785	Valerie Martinez (858) 658-8584 Valerie_g_martinez@uhc.com

**Medi-Cal Managed Care Plans cover transportation to all Medi-Cal Covered Services.
Pharmacy benefits for all Medi-Cal beneficiaries are covered by the State's Medi-Cal Rx Program (800) 977-2273**

HHSA Behavioral Health Services Nilanie Ramos (619) 584-5022	Optum Public Sector (Access & Crisis Line) (888) 724-7240 Michelle Galvan (619) 641-6818	Consumer Center for Health Education & Advocacy Carol Neidenberg (619) 471-2612
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County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by: Mark Bartlett / Laura Tancredi-Baese

Transition Age Youth (TAY) Council				
Purpose				
The purpose of this council is to facilitate the design and implementation of Transitional Aged Youth (TAY), ages 16-25 services in the Children, Youth, and Families and the Adult and Older Adult Systems of Care by providing feedback and recommendations to the Behavioral Health Director. The TAY council provides community representation and input for the integrity of all TAY services and advancement of all TAY related aspects of the System of Care.				
Fiscal Year 2021-22 Active TAY Council Members				
Public	Private		Family	Education
Steven Wells	Laura Tancredi-Baese	Victor Esquivel		Linda Gibbins-Croft
	Mark Bartlett	Amanda Downing		
	Serena Terrones			
	Prizila Vidal			
Areas of Focus for Fiscal Year 2021-22				
TAY Council held their annual Strategic Planning Meeting on July 28, 2021, where the council's focus and goals for FY 2021-2022 were identified as: <ul style="list-style-type: none"> Housing: Bridging the gap between TAY and sustainable housing. Employment/Education Services: The importance of promoting education and employment services within our TAY, and how providers can help support them. TAY Resource Guide: Updating the TAY Resource Guide with current resources in our County for our Transitional Age Youth. 				
Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)				
The TAY Council is pleased to announce new co-chairs Mark Bartlett and Laura Tancredi-Baese. There have been further vacancies to the TAY Council since the beginning of the year and a heightened priority is to fill the following seats: Commercial Sexual Exploitation of Children; Law Enforcement; MH Prevention and Early Intervention; Public Safety Liaison / Juvenile Probation; Hospital Partner; Housing; Peer Support Specialist; Substance Use Disorder Services / Co-Occurring; Refugee and Immigrant Populations; Transitional Age Youth (1); Transitional Age Youth (2); LGBTQ; Education; Primary Health Care; San Diego Regional Center; Underserved Communities / CCRT Please send any interest in any of the beforementioned seats to Claire Riley and Michael Miller.				
Fiscal Year 2021-22 Sub-Committees/Groups				
MEETING DATE/LOCATION/TIME		LEAD (Co-Lead)		
Meets the 4 th Wednesday of the month from 3:00 - 4:30 P.M. at National University 9388 Lightwave Ave. Room 118, San Diego, CA 92123 (Virtual Meetings ongoing as of May 2020)		Claire Riley claire.riley@sdcounty.ca.gov CYF Representative: Michael.Miller@sdcounty.ca.gov		

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
January 10, 2022 Update

Submitted by Eileen Quinn-O'Malley / Emily Trask

Outcomes Sub-Committee

Purpose

Outcomes Sub-Committee reviews service delivery systems and aims to improve County of San Diego System of Care services by measuring and evaluating outcomes and use results to provide recommendations to the CYFBHSOC Council. The Outcomes Subcommittee meets on the first Tuesday of every other month.

Fiscal Year 2021-22 Active Outcomes Members

Public	Private		Family	Education
Yael Koenig	Antonia Nunez	Gwen Shelton	Valerie Hebert	Yuka Sakamoto
Eileen Quinn-O'Malley	Sarah Walsh	Laura Medina		
Amanda Lance-Sexton	Brent Crandal	Shonta Battle		
Ezra Ramirez	Julie McPherson	Aubrey Hecklau		
Babi Winegarden	Shellane Villarin	Karen Giannini		
Liz Miles	Emily Trask	Maria Quezada		
Shelly Paule	Amy Chadwick			

Areas of Focus for Fiscal Year 2021-22

- Educate and enhance teletherapy best practices
- Compare outcome data collection and results before and after the Stay-at-Home orders began in March 2020
- Support the transition to online YSS
- Using CANS results to guide treatment planning
- Using the CANS to enhance strength-based therapy practices

Fiscal Year 2021-22 Mid-Year Updates (Through December 2021)

- Finalized and distributed the Pandemic Report to SOC
- Establishing outcome thresholds for PSC improvement rates
- Enhancing school data in DCR Report to include grades and attendance with standardized definitions
- Creating CANS training in collaboration with RIHS. Title of training- Effective Child and Youth Centered Treatment Planning with CANS
- Continued work on Performance Improvement Project (PIP)– Sleep Hygiene

Fiscal Year 2021-22 Sub-Committees/Groups

MEETING DATE/LOCATION/TIME

LEAD (Co-Lead)

Meets the 1st Tuesday every other month-La Vista Room
 From 11:30 AM - 1:00 PM
(Virtual Meetings as of June 2020)

Emily Trask EvTrask@ucsd.edu
 Eileen Quinn-O'Malley
Eileen.Quinn-OMalley@sdcounty.ca.gov
 CYF Representatives: Yael.Koenig@sdcounty.ca.gov
Amanda.Lance-Sexton@sdcounty.ca.gov